

<b>Case Number:</b>	CM14-0072096		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported an injury on 05/19/2012 due to an unspecified mechanism of injury. On 04/28/2014, the injured worker reported chronic neck pain with bilateral upper extremity radiation. She reported some challenges in adhering to her daily schedule due to persistent pain. A physical examination revealed diminished sensation in the C6 left dermatomal distribution, 1+ deep tendon reflexes in the biceps and brachioradialis on the left, absent myoclonus throughout, tenderness to palpation over the paraspinal muscles overlying the facet joints, trigger points noted over the upper trapezius muscles and 2+ muscle spasms over the upper trapezius muscles on both sides. Motor strength of the hands was within normal limits except for bilateral hand grip strength, which was graded at a 4+/5. She also had a positive Spurling's bilaterally and a positive Lhermitte's sign. Range of motion to the cervical spine was within normal limits. Her diagnoses included lumbosacral spondylitis with myelopathy, degeneration of cervical intervertebral discs and brachial radiculitis bilaterally at the C2, C6 and C7 levels. Her medications included Diclofenac/Misoprostol 50 mg/200 mcg, Levothyroxine 50 mcg, Lidoderm 5% as 700 mg patch, Omeprazole 20 mg capsule delayed release, Skelaxin 800 mg and Trazodone 50 mg. It was noted that she was able to return to full duty work and that her employer was working with her, providing limited work as it was available. Past treatments included a functional restoration program, extensive psychological treatment and medications. The treatment plan was for pain psychology sessions (Quantity: 6.00) and Lidoderm 5% patch (Quantity: 90.00). The Request for Authorization form was signed on 05/06/2014. The rationale for the treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Pain Psychology Session, Qty 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** The request for pain psychology sessions (Quantity: 6.00) is non-certified. The injured worker was noted to have returned to full duty work. She reportedly underwent a functional restoration program and extensive psychological treatment to address her pain symptoms. The California MTUS Guidelines state that psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effects on return to work. Based on the clinical information submitted for review, the injured worker had extensive treatment with a functional restoration program and had returned back to work. There are no significant functional deficits and/or significant pain symptoms to indicate the need for additional psychological pain treatments. The request is not supported by the guideline recommendations as there are no clear indications for its necessity. Given the above, the request is non-certified.

**Lidoderm 5% Patch, Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment, Lidoderm; Topical Analgesics Page(s): 56-57; 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The request for Lidoderm 5% patch (Quantity: 90.00) is non-certified. The injured worker had reported chronic neck pain and bilateral upper extremity radiation. She was noted to have +1 biceps and brachioradialis deep tendon reflexes on the left side and diminished sensation over the C6 on the left. She also had bilateral hand grip strength rated at a 4+/5. Her diagnoses included degeneration of cervical intervertebral discs and brachial radiculitis. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. Many of these agents are compounded as monotherapy or in combination for pain control; any compound product that contains at least 1 drug or drug class that is not recommended is not recommended. Lidoderm is not recommended for non-neuropathic pain. It is recommended for neuropathic pain for localized peripheral pain after there has been evidence of a trial of first-line therapy. Based on the clinical information submitted for review, the injured worker was utilizing multiple medications to address her pain, and the rationale for a topical analgesic is unclear. In addition, the injured worker does not appear to be suffering from neuropathic pain. Furthermore, the frequency and intended site of the medication were not specified within the request. The

documentation provided is lacking information regarding evidence of neuropathic pain, and the frequency/intended site of the medication and therefore is not supported. Given the above, the request is non-certified.