

Case Number:	CM14-0194372		
Date Assigned:	12/02/2014	Date of Injury:	02/17/1997
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal Medicine 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 (IW) is a 63-year-old man with a date of injury of February 17, 1997. The mechanism of injury was not documented in the medical record. The current working diagnoses include complex regional pain syndrome; aggravation of neuropathic pain, left upper extremity; cervical sprain/strain with cervical degenerative disc disease; bilateral neuroforaminal stenosis C4 - C7 per MRI dated October 11, 2013; status post left shoulder arthroscopic and open subacromial decompression revision and distal clavicle resection performed July 29, 2013; status post rotator cuff repair X 2 on both the left and the right shoulder status post left shoulder surgery dated October 15, 2012; mild acute C5-C6 radiculopathy on the left per electrodiagnostic study on November 4, 2010; complex regional pain syndrome bilateral upper extremities; status post opioid detoxification; and history of addiction to Ambien. Pursuant to the Primary Treating Physician's Progress Report dated October 10, 2014, the IW complains of left shoulder pain, although the burning and electrical pain has improved. He denies any numbness or tingling distally. Physical examination reveals cervical spine myofascial tenderness left greater than right over the surrounding musculature with 1+ muscle spasms. Spurling's test is negative. Right shoulder exam reveals positive allodynia over the deltoid region. Range of motion is limited. Tinel's sign is negative bilaterally. Current medications include Gabapentin 600mg, Lidoderm 5% patches and Cymbalta 60mg. There is documentation in the medical record dating back to April of 2014 to present that indicated that the IW has significant improvement with his current medications. A progress note dated November 7, 2014 indicated that the IW completed Medrol Dosepak that dramatically reduced the severity of his pain. He does note some side effects with Medrol Dosepak. The specific side effects were not detailed in the medical record. The treating physician is requesting authorization for Lidocaine 5% patches, and Medrol Dosepak trial X 1. Pursuant to the Primary Treating Physician's Progress Report dated October 10, 2014, the IW

complains of left shoulder pain, although the burning and electrical pain has improved. He denies any numbness or tingling distally. Physical examination reveals cervical spine myofascial tenderness left greater than right over the surrounding musculature with 1+ muscle spasms. Spurling's test is negative. Right shoulder exam reveals positive allodynia over the deltoid region. Range of motion is limited. Tinel's sign is negative bilaterally. Current medications include Gabapentin 600mg, Lidoderm 5% patches and Cymbalta 60mg. There is documentation in the medical record dating back to April of 2014 to present that indicated that the IW has significant improvement with his current medications. A progress note dated November 7, 2014 indicated that the IW completed Medrol Dosepak that dramatically reduced the severity of his pain. He does note some side effects with Medrol Dosepak. The specific side effects were not detailed in the medical record. The treating physician is requesting authorization for Lidocaine 5% patches, and Medrol Dosepak trial X 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta, Gabapentin Page(s): 42, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Tricyclic and AED Drugs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidocaine patch 5% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine patch (Lidoderm) is recommended for trial if there is evidence of localized pain that is consistent with a neuropathic etiology. In this case, the injured worker has been taking gabapentin 600 mg tablets b.i.d. and Cymbalta 60 mg once daily. Both gabapentin and Cymbalta our first line treatments for neuropathic pain. Lidoderm (lidocaine patch) is indicated upon failure of these first line treatments. The documentation indicates there has been significant improvement with both gabapentin and Cymbalta noted in an April 2014 progress note through the present. There is no clinical indication for clinical rationale to add Lidoderm unless there has been a failure in the first line treatments pursuant to the ODG. There has been no failure of first line treatment. Consequently, absent the appropriate clinical documentation and clinical rationale, lidocaine patch 5% is not medically necessary.

Medrol Dosepak trial #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Oral Corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Oral Corticosteroids

Decision rationale: Pursuant to the Official Disability Guidelines, Medrol dose pack trial #1 is not medically necessary. Oral corticosteroids are not recommended for chronic pain except with polymyalgia rheumatica. There is no data on the efficacy and safety of systemic steroids in chronic pain, so given their serious adverse effects they should be avoided. In this case, the injured workers working diagnoses are complex regional pain syndrome; aggravation of neuropathic pain left upper extremity; cervical sprain/strain; bilateral neuroforaminal stenosis C4 through C7 per MRI; status post left shoulder arthroscopy; status post rotator cuff repair times 2; mild acute C-5 - C6 radiculopathy; complex regional pain syndrome bilateral upper extremities; status post opioid detoxification; and history of addiction Ambien. The date of injury was February 17, 1997. The injured workers complaints are in the chronic phase. Oral corticosteroids are not recommended for chronic pain. Consequently, absent the appropriate clinical indication and clinical rationale, Medrol dose pack trial #1 is not medically necessary.