

Case Number:	CM15-0001241		
Date Assigned:	01/12/2015	Date of Injury:	05/29/2001
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 male, who sustained an industrial injury on May 29, 2001. He has reported neck pain and left and right upper extremity pain. The diagnoses have included cervical radiculopathy and cervicgia. Treatment to date has included bilateral carpal tunnel surgery, right ulnar nerve surgery, left forearm surgery and two surgeries on the left knee. Currently, the injured worker complains of neck pain going down to both arms. On examination, there was no limitation in flexion and extension of the fingers and no tenderness to palpation of the hands. An MRI of the cervical spine on December 3, 2014 revealed mild degenerative changes of the cervical spine and mild central spinal stenosis of C3-4 and C4-5. The injured worker's past medical history was noted to be unremarkable with no documentation of Alzheimer's disease or dysfunction of the brain or psyche. There was no documentation of specific functional improvement from prior therapy or of first line medications. On December 22, 2014 Utilization Review non-certified a request for Namenda 10 mg, TENS unit supplies and Lidoderm 5% patch noting that there was no documentation of functional improvement from prior therapy, no documentation of first-line pain medications, and no indication that the injured worker has Alzheimer's disease or dysfunction of the brain or psyche. The MTUS and the Official Disability Guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of Namenda 10 mg, TENS unit supplies and Lidoderm 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Namenda 10mg, Qty: 360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.namenda.com/HCPLetter>

Decision rationale: Namenda 10mg, Qty: 360 is not medically necessary per an online review of this medication. The ODG and MTUS do not address Namenda. An online review of this medication reveals that it is approved for the treatment of moderate to severe Alzheimer's disease. The documentation indicates no evidence of Alzheimer's disease. There had been no change in functional status while on Namenda. The request is therefore not medically necessary.

TENS unit supplies (mos) Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: TENS unit supplies (mos) Qty: 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guideline. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The guidelines state a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The documentation indicates that the patient has been using a TENS unit. There is no evidence of functional improvement from prior TENS use. There is no evidence of exactly how often the unit was used with clear outcome in terms of pain/function. The request for TENS unit supplies is not medically necessary.

Lidoderm 5% patch (box) Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch)- Page(s): 56.

Decision rationale: Lidoderm 5% patch (box) Qty: 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of

first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The patient has used prior Lidoderm patches without evidence of functional improvement. For these reasons the request for Lidoderm Patch 5% is not medically necessary.