

Case Number:	CM15-0002416		
Date Assigned:	01/13/2015	Date of Injury:	09/01/2013
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old male, who sustained an industrial injury on 09/01/2013. He has reported neck pain and headaches. The diagnoses have included neck pain, myofascial pain syndrome, occipital neuritis, and cervical spondylosis. Treatment to date has included medications, physical therapy, acupuncture session, steroid injections. Medications included Ibuprofen. A progress note from the treating physician, dated 12/17/2014, documents an evaluation of the injured worker. The injured worker reports neck pain radiating down the left shoulder, and constant headache. He reported acupuncture and physical therapy gave mild improvement, and occipital nerve block helped. Objective findings included tenderness to palpation over the cervical facet joints and paraspinal musculature C4-5, C5-6; and limited flexion range of motion in the neck. The plan of treatment includes request for diagnostic medical branch nerve injections; request for pain management consultation; and a prescription for Lidocaine HCl 5% Topical Ointment for foot pain. On 12/29/2014 Utilization Review modified Cervical median branch nerve or facet joint injection C4-C5 with IV sedation and Cervical median branch nerve or facet joint injection C5-C6 with IV sedation to Cervical median branch nerve or facet joint injection C4-C5 without IV sedation and Cervical median branch nerve or facet joint injection C5-C6 without IV sedation, noting the lack of indication that sedation would be required in this case. The MTUS, ACOEM Guidelines, 2nd Edition (2004), Chapter 8: Neck, and the ODG, Neck and Upper Back Chapter: Facet joint injections were cited. On 12/29/2014 Utilization Review non-certified a Lidocaine HCl 5% ointment, noting the lack of indication of failure of first-line therapy prior to utilizing Lidocaine. MTUS, Chronic Pain

Medical Treatment Guidelines: Lidocaine was cited. On 01/06/2015, the injured worker submitted an application for IMR for review of Cervical median branch nerve or facet joint injection C4-C5 with IV sedation and Cervical median branch nerve or facet joint injection C5-C6 with IV sedation; and Lidocaine HCl 5% ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine HCl 5% ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: Lidocaine HCL 5% ointment is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover “topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended.” Additionally, Per CA MTUS page 111 states that topical analgesics are “recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED).” Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.

IV Sedation: 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 ODG Neck Complaints

Decision rationale: IV sedation is not medically necessary. The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and parathesias associated with spinal cord irritation. There is lack of documentation that the patient has extreme anxiety requiring sedation for spinal injection.

