

Case Number:	CM15-0215818		
Date Assigned:	11/05/2015	Date of Injury:	06/10/2015
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 with an industrial injury date of 06-10-2015. Medical record review indicates he is being treated for cervical strain, cervical 5-cervical 6 and cervical 6 radiculopathy. Subjective complaints (09-25-2015) included "dull, aching" pain. "It is unchanged." The pain was described as 4-7 out of 10 with radiation. Work worsened the pain and rest helped alleviate the pain. The injured work reported limitations to squat, kneel, lift, push, pull, drive, walk and lift. "Activities of daily living that are limited due to this injury are cleaning and sleeping." Work status (09-25-2015) is documented as "maintain the same work status per previous exams." Physical exam (09-25-2015) noted tenderness and trigger points over the cervical paraspinal. Range of motion was limited by pain. Sensory examination noted diminished sensation in the cervical 5-6 and cervical 6-7. Prior medications included Naprosyn, Gabapentin, Etodolac ER, and Tylenol. Prior treatments included trigger point injections, chiropractic care, physical therapy, acupuncture and medications. Trigger point injections were administered at the 09-25-2015 visit. Diagnostics included MRI of cervical spine (08-15-2015) (summarized): Cervical 5-6: The disk is desiccated and degenerated with a 4-5 mm circumferential disk bulge, which has a focal right lateral prominence and results in severe right foraminal narrowing. Clinical correlation is recommended to rule out impingement on the exiting right cervical 6 nerve root. There is mild left foraminal stenosis and mild central canal stenosis but no evidence of significant cord edema or impingement. The facet joints are normal. Cervical 6-7: There is a 3 mm circumferential disk bulge, causing an anterior impression on thecal sac and mild left lateral recess narrowing. There is bilateral facet hypertrophy. There is

mild to moderate bilateral foraminal stenosis at this level. On 10-14-2015, the request for cervical epidural steroid injection left cervical 5-6 and cervical 6-7 with sedation and Lidoderm patches 1 box were non - certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches - 1 box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch #1 box 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured worker's working diagnoses are cervical strain; C5 - C6, C6 - C7 cervical radiculopathy; six trigger points in the cervical spine. Date of injury is June 10, 2015. Request for authorization is September 25, 2015. According to a September 25, 2015 progress note, subjective complaints include ongoing dull aching pain unchanged, 7/10. Objectively, there is tenderness to palpation in the cervical paraspinals with six trigger points noted. Thoracic spine shows no tenderness. Sensation is decreased in the C-5 - C6 and C6 - C7 dermatomes. The injured worker failed physical therapy, chiropractic treatment, acupuncture and medications. The treating provider is refilling lidocaine patches. The documentation does not demonstrate objective functional improvement. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing Lidoderm, and no documentation failed first-line treatment, Lidoderm patch #1 box is not medically necessary.

Cervical Epidural Steroid Injection left C5-C6, C6-C7 with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injections at left C5 - C6 and C6 - C7 with sedation are not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. There is no evidence-based literature to make a firm recommendation as to sedation during the SI. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthasias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection but is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses are cervical strain; C5 - C6, C6 - C7 cervical radiculopathy; six trigger points in the cervical spine. Date of injury is June 10, 2015. Request for authorization is September 25, 2015. According to a September 25, 2015 progress note, subjective complaints include ongoing dull aching pain unchanged, 7/10. Objectively, there is tenderness to palpation in the cervical paraspinals with six trigger points noted. Thoracic spine shows no tenderness. Sensation is decreased in the C-5 - C6 and C6 - C7 dermatomes. The injured worker failed physical therapy, chiropractic treatment, acupuncture and medications. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection but is not contraindicated. There is no documentation of anxiety. There are no compelling clinical facts indicating the patient is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of anxiety and no compelling

clinical facts indicating sedation is clinically indicated, cervical epidural steroid injections at left C5 - C6 and C6 - C7 with sedation are not medically necessary.