

Case Number:	CM15-0050403		
Date Assigned:	03/23/2015	Date of Injury:	05/17/2011
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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

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 40-year-old female who reported an injury on 05/17/2011. The mechanism of injury was not provided. She has a history of neck and left shoulder pain. Pain rates a 4/10 with medication and an 8/10 without medication. The injured worker received an MRI of the cervical spine on 05/22/2013, which showed multiple neural foraminal nerve roots sheath cysts versus synovial cysts. Her diagnoses include cervical sprain/strain, left shoulder sprain/strain, and chronic pain syndrome. The injured worker had tried rest, NSAIDS, physical therapy and muscle relaxants. She had received a single TPI on 06/12/2014 with greater than 80% relief for 6 weeks and symptoms have now reoccurred. She experienced intolerance with side effects from Cymbalta and the medication was discontinued. It was noted she had intolerance to most pain medications and muscle relaxants except Robaxin. On 02/17/2015, the injured worker was seen for 6-month follow-up of a flare-up. He continues to complain of cervical spine pain. She continues to have numbness with the left lower extremity and elbow. Physical exam showed pain at the cervical spine left greater than right. There is a positive straight leg raise on the left upper extremity. The treatment plan included Flector patch, Lidoderm patch, Robaxin, continuing home exercise program for the cervical spine, a brief course of physical therapy for the cervical spine and TENS supplies. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% Qty: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 55-57.

Decision rationale: The request for Lidoderm patch 5% quantity 30 is not supported. The injured worker has a history of neck left shoulder pain. The California MTUS Guidelines state that Lidoderm patches are indicated for neuropathic pain. It is also indicated for peripheral and localized pain. The note on 11/04/2014 states the injured worker received 50% pain relief with use of Lidoderm and Flector patches and the best pain is rated a 4/10 with medications and 8/10 without. The injured worker stated with use of the patches, she can function throughout the day and can sit for an hour. She denies any side effects. It was noted that the injured worker had intolerance to most pain medications and muscle relaxants. The request lacks recommendation by the California MTUS. There was lack of documentation as to the body part the patch is to be used. As such, the request is not medically necessary.

Flector patches 1.3% Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium Page(s): 71.

Decision rationale: The request for Flector patch 1.3% quantity 30 is not supported. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of any of these agents. Topical NSAIDS are indicated for peripheral joint arthritis/tendinitis. The injured worker was noted to receive 50% relief with use of Lidoderm and Flector patches and the best pain is rated 4/10 with medication and 8/10 without. The injured worker stated with use of the patches, she can function throughout the day and can sit for an hour. She denies side effects. The provider noted the injured worker had intolerance to most pain medications and muscle relaxants. The medication is intended for peripheral joint arthritis/tendinitis. There is lack of documentation of the injured worker having this. As such, the request for Flector patch is 1.3% quantity 30 is not medically necessary.

Robaxin 500mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocabamol Page(s): 65.

Decision rationale: The request for Robaxin 500 mg quantity 30 is not supported. The injured worker has a history of neck and left shoulder pain. The California MTUS Guidelines state that muscle relaxants are recommended for short-term treatment for acute spasms of the lumbar spine. The guidelines state that muscle relaxants are more effective than placebo in the management of back pain but its effectiveness is modest comes with greater adverse effects. The medication effect is greatest in the first 4 days, suggesting shorter course may be better. The treatment is not recommended to be used longer than 2 to 3 weeks. It is noted that the injured worker has been taking medication for longer than 3 weeks. As such, the request for Robaxin 500 mg quantity 30 is not medically necessary.

Electrodes/Pads for TENS unit Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The request for electrodes/pads for TENS is not supported. The injured worker has a history of neck and left shoulder pain. The California MTUS Guidelines criteria for use of TENS include chronic irretractable pain of at least 3 months duration where there has been evidence that other appropriate pain modalities have been tried and failed. A 1 month trial period of the TENS unit should be documented and 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 the terms of pain relief and function. Other ongoing treatments should be documented during the trial period including medication usage. The treatment plan including the short and long-term goals of treatment with a TENS units should be submitted. There is lack of documentation to indicate the injured worker is using the TENS unit as an adjunct to other modalities or that medication has failed. The response to treatment with TENS is unknown. Rationale for continued use is not supported. The need for supplies is not clear. As such, the request for electrode/pads for TENS unit quantity 1 is not medically necessary.

Batteries for TENS unit Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 116.

Decision rationale: The request for batteries for TENS unit quantity 1 is not supported. The injured worker has a history of neck and left shoulder pain. The California MTUS Guidelines criteria for use of TENS include chronic irretractable pain of at least 3 months duration where

there has been evidence that other appropriate pain modalities have been tried and failed. A 1 month trial period of the TENS unit should be documented and 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 the terms of pain relief and function. Other ongoing treatments should be documented during the trial period including medication usage. The treatment plan including the short and long-term goals of treatment with a TENS units should be submitted. There is lack of documentation to indicate the injured worker is using the TENS unit as an adjunct to other modalities or that medication has failed. The response to treatment with TENS is unknown. Rationale for continued use is not supported. The need for supplies is not clear. As such, the request for batteries for TENS unit quantity 1 is not medically necessary.