

<b>Case Number:</b>	CM15-0080285		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old male, who sustained an industrial injury on 12/3/07. Initial complaints were not noted. The injured worker was diagnosed as having degeneration cervical intervertebral disc; brachial neuritis or radiculitis; degeneration lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included acupuncture, urine drug screening and Medications. Diagnostics included EMG/NCV upper and lower extremities (10/26/09); x-ray lumbar spine (4/16/14; MR Arthrogram left shoulder (2/19/10); MRI cervical and lumbar spine (2/18/10). Currently, the PR-2 notes dated 3/23/15 indicated the injured worker complains of neck pain that radiates down bilateral upper extremities left greater than the right. The pain radiates to the left shoulder and hand along with frequent muscle spasms in the neck area. He also complains of low back pain that radiates down the bilateral lower extremities left greater than right. The pain radiates to the feet. The pain levels are rated on average as 8/10 with medications and 9/10 without medications and now reported as worse since his last visit. The injured worker reports frequent medication associated gastrointestinal upset. He also reports weather changes have worsened his pain, but acupuncture and current medication is helpful. The physical examination reveals cervical spine with spasms bilaterally in the paraspinous muscles with vertebral tenderness in the C3-T3 spinal levels. There is also tenderness on palpation to the left trapezius muscle and occipital tenderness on the left side. Range of motion was limited due to pain. The lumbar spine examination notes spasms in the paraspinous musculature with tenderness on palpation in the vertebral L4-S1 levels. Myofascial trigger points with twitch response are noted in the paraspinous muscle on the left.

The range of motion was severely limited secondary to pain. The sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome in the left lower extremity. Straight leg raise was positive on the left for radicular pain at 70 degrees. On this date, the provider administered a Toradol/B12 injection due to the increased pain. The provider has requested Lidoderm 5% Patch #30 and Naproxen 550mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm 5% Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 MTUS (Effective July 18, 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57.

**Decision rationale:** The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case, the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches, and therefore the request for topical lidocaine at this time cannot be considered medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 MTUS (Effective July 18, 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The provided records indicate that there is gastrointestinal upset present subsequent to treatment with NSAIDs. This is concerning when considering use of NSAIDs, and according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given the complaint of gastric discomfort and lack of evidence to support efficacy in improving pain or functional improvement, it appears the risk of treatment with Naproxen likely outweighs the benefit and therefore the treatment is not considered medically necessary.

