

<b>Case Number:</b>	CM15-0081370		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	06/04/1992
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Texas, Florida

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 54-year-old, female who sustained a work related injury on 6/4/92. The diagnoses have included multilevel cervical disc disease, status post cervical fusion and revision fusion, right cubital tunnel syndrome, status post right elbow surgery, right carpal tunnel syndrome, status post right carpal tunnel release, fibromyalgia and depression. The treatments have included rest, oral medications, medicated cream/gel, Lidoderm patches, participation in an H. E. L. P. program, TENS unit therapy with good benefit, ice therapy, physical therapy and chiropractic treatments. In the PR-2 dated 3/1815, the injured worker complains of persistent, constant neck and mid back pain. She rates this pain level an 8/10. She has decreased range of motion in cervical spine. She has tenderness to palpation of cervical spine musculature. She has decreased range of motion in left elbow and right wrist. She complains of frequent lower back pain. She rates this pain level a 5/10. She states the pain is made better with rest and medications. There are objective findings of positive Spurling test and decreased sensation over bilateral C6 ad C7 dermatomes. She uses Lidoderm patches which bring her pain level down from 9/10 to 4/10. She primarily uses them on her neck and trapezius muscles. The treatment plan includes requests for authorization for EMG/NCV studies of bilateral arms, a CT scan of cervical spine, continuing treatments with several physician specialists, for Lidoderm patches and medicated gel/cream. There was a history of dry eyes and dry mouth that had been evaluated by specialists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 6, 165-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG/NCV and CT can be utilized for the evaluation of cervical spine pain for possible associated of neurological deficits. The records indicate that the patient was already diagnosed with cervical radiculopathy and had completed cervical surgeries. There is no documentation of development of new neurological deficit or deterioration of the cervical spine condition. The criterion for EMG/NCV of the bilateral upper extremities has not been met and therefore is not medically necessary.

**CT of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG/NCV and CT can be utilized for the evaluation of cervical spine pain for possible associated of neurological deficits. The records indicate that the patient was already diagnosed with cervical radiculopathy and had completed cervical surgeries. There is no documentation of development of new neurological deficit or deterioration of the cervical spine condition. The criterion for CT cervical spine was not met and therefore is not medically necessary.

**Continuation of treatment with orofacial doctor:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 87-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred to expert evaluation and treatment when the diagnosis is too complex or additional expertise management is necessary after failure of standard treatment measures. The records indicate that the patient had comprehensive evaluations by various specialists. There were various treatment measures including mouth rinse, tooth gel, eye products and medications that were recommended. The patient is currently following those recommendations. The criterion for continuation of treatment with orofacial doctor was not met and therefore is not medically

necessary.

**Continuation of treatment with pain management: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 87-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred to expert evaluation and treatment when the diagnosis is too complex or additional expertise management is necessary after failure of standard treatment measures. The records indicate that the patient had comprehensive evaluations by various specialists. There were various treatment measures including mouth rinse, tooth gel, eye products and medications that were recommended. The patient is currently following those recommendations and utilizing pain medications. The criterion for continuation of treatment with pain management doctor was not met and therefore is not medically necessary.

**Continuation of treatment with rheumatologist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 87-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred to expert evaluation and treatment when the diagnosis is too complex or additional expertise management is necessary after failure of standard treatment measures. The records indicate that the patient had comprehensive evaluations by various specialists. There were various treatment measures including mouth rinse, tooth gel, eye products and medications that were recommended. The patient is currently following those recommendations and medications. The criterion for continuation of treatment with rheumatologist doctor was not met and therefore is not medically necessary.

**Continuation of treatment with optometrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 87-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred to expert evaluation and treatment when the diagnosis is too complex or additional expertise management is necessary after failure of standard treatment measures. The records indicate that the patient had comprehensive evaluations by various specialists. There were various treatment measures including mouth rinse, tooth gel, eye products and medications that were recommended. The patient is currently following those recommendations. The criterion for continuation of treatment with optometrist doctor was not met and therefore is not medically necessary.

**Kera-tek analgesic gel 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Products.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with first line oral anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical lidocaine in the form of patch. The patient is utilizing multiple topical medications concurrently. The records indicate that the patient reported significant pain relief with functional restoration with utilization of the Lidoderm patches; but no other topical products. The Kera-tek contains menthol 16% and methyl salicylate 28%. There is no guideline support for the use of menthol or methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Kera-tek analgesic gel 4 oz was not met and therefore is not medically necessary.

**Zovirax 5% ointment #1:** 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 9792. 24. 2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with first line oral anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical lidocaine in the form of patch. The patient is utilizing multiple topical medications concurrently. The records indicate that the patient reported significant pain relief with functional restoration with utilization of the Lidoderm patches but not other topical products. The criterion for the use of Zovirax 5% ointment #1 was not met and therefore is not medically necessary.

**Lidoderm patches 5% #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with first line oral anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical lidocaine in the form of patch. The patient is utilizing multiple topical medications concurrently. The records indicate that the patient reported significant pain relief with functional restoration with utilization of the Lidoderm patches but not other topical products. The criteria for the use of Lidoderm 5% patches #60 was met and therefore is medically necessary.