

Case Number:	CM14-0116786		
Date Assigned:	09/16/2014	Date of Injury:	10/29/2007
Decision Date:	10/22/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year old female who was injured on October 29th 2007. The mechanism of injury is when she lifted a gait and felt excruciating pain in right cervical spine and right upper extremities in the C7 distribution. Her medication history included ibuprofen, gabapentin and lisinopril. She has been treated conservatively with physical therapy. Diagnostic studies reviewed include cervical MRI report dated 4/25/2008 indicated a 4 mm disc protrusion at C3-4 and C4-5 resulting in mild canal stenosis; left paracentral 2 mm disc bulge C5-C6 with some slight right neural foraminal narrowing secondary to small spurs; 4 mm disc protrusion at C6-C7 right of midline; and calcification of posterior spinal ligament. Progress report dated 8/12/2014 indicates the patient present with complaints of constant dull ache to prickly pain in the right shoulder traveling to posterior upper extremities into the dorsal hand with associated numbness and tingling. According to patient, she had no difficulty with her daily activity of living. Objective finding during examination revealed the patient has swayback; mild to moderate Dowager's hump. Her active range of motion of the cervical spine revealed extension, flexion and left rotation at 60 degrees; left lateral flexion 20 degrees; right lateral flexion is 45 degrees and right rotation is 65 degrees. The patient was diagnosed with probable right C6-7 disc with C7 radiculopathy. The patient was diagnosed with thoracic outlet ultrasound and recommended Lidoderm 5% patches. Prior utilization review dated June 25th 2014 indicated the requests for thoracic outlet ultrasound and Lidoderm 5% patches is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic outlet ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Adson's Test (AT) and Arterial ultrasound TOS testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Adson's test, Arterial ultrasound TOS testing, Electrodiagnostic testing for TOS

Decision rationale: According to ODG guidelines Adson's test is "not recommended. Adson's test (AT) was not as specific as other tests for thoracic outlet syndrome (TOS) shoulder maneuvers. Adson's test (AT), costoclavicular maneuver (CCM), elevated arm stress test (EAST), and supraclavicular pressure (SCP) were compared. In a study of TOS shoulder maneuvers in healthy subjects, the outcomes of pulse alteration or paresthesias were unreliable in general. However, TOS shoulder maneuvers have reasonably low false-positive rates when a positive outcome is defined as pain after AT, CCM, or SCP; discontinuation of the EAST secondary to pain; pain in the same arm with > or =2 maneuvers; or any symptom in the same arm with > or =3 maneuvers." Arterial ultrasound TOS testing is also "not recommended. Clinical tests for vascular thoracic outlet syndrome (vTOS) generally incorporate shoulder horizontal flexion/extension (HF/HE), abduction (ABD) and external rotation (ER). The effect of these clinical tests on blood flow characteristics and the most effective arm positions for detecting arterial compromise are, however, unknown. Arterial evaluation using Doppler ultrasound has been suggested. The heterogenous response of asymptomatic individuals with no past history of TOS symptoms raises uncertainty of the validity of positive test responses from extreme arm positions. Clinical decisions based on false positive outcomes have serious implications for mistreatment such as inappropriate surgical intervention; therefore it is imperative that clinical decision is not based on these test outcomes alone. Further research is required to determine the cause of heterogenous responses in asymptomatics and discover means to improve test specificity." In this case a request is made for a thoracic outlet ultrasound due to a positive Adson's test on the left side on a 6/12/14 examination of a 54 year old female with chronic neck pain and history of left shoulder impingement syndrome. However, the patient does not have symptoms consistent with thoracic outlet syndrome in either upper extremity. Rather separate providers have felt the patient's symptoms were best explained by right upper extremity cervical radiculopathy such that a repeat cervical MRI was ordered less than a month prior to this request. Further, Adson's test and arterial ultrasound for thoracic outlet syndrome are not recommended by ODG guidelines. Medical necessity is not established.

Lidoderm 5% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Lidoderm (lidocaine patch).

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

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics." In this case a request is made for Lidoderm patch for a 54-year-old female with chronic neck pain and diagnosis of cervical radiculopathy. However, medical records do not establish localized peripheral neuropathic pain. There are no neural deficits noted on examination. The patient does not have post-herpetic neuralgia. Finally, the patient does not appear to have failed a trial of first-line medications. Gabapentin was initially prescribed less than one month prior to this request. Treatment response is not discussed. Medical necessity is not established.