

Case Number:	CM14-0128078		
Date Assigned:	09/23/2014	Date of Injury:	06/25/2010
Decision Date:	10/28/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology & Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 62-year-old male who reported an injury on 06/25/2010. He injured his right shoulder. The injured worker stated that he had to lift heavy things, sometimes having to lift a lot of dishes in the bus tray and put them in a cart and push them into the kitchen. The injured worker's treatment history included surgery, physical therapy, a Functional Restoration Program, EMG/NCV studies, topical medications, x-rays, MRI studies, Yoga, and oral medications. The injured worker was evaluated on 07/31/2014 and it is documented the injured worker complained of pain in his right shoulder, right hand, left elbow, and neck. Objective findings; the injured worker was alert and oriented. Cervical spine examination revealed cervical paraspinous tenderness to palpation, worse on the left side compared to the right side. He also had tightness in his trapezius and rhomboid musculature. Right shoulder examination had positive tenderness to palpation. Pain with range of motion of abduction was noted. Right hand, the injured worker had tenderness at the wrist joint. Bilateral elbows had significant tenderness over the bilateral elbows, left greater than right side. Diagnoses included right shoulder rotator cuff injury with tear, right wrist sprain/strain injury, right wrist Kienbock's Disease, right shoulder tendinitis, right wrist ligament tear, left upper extremity pain likely due to overcompensation, left lateral epicondylitis, and left wrist tendinitis. Medications included Lidoderm patches, Ketoprofen cream, Flexeril, and Tylenol #3. The request for authorization dated 06/24/2014 was for Lidoderm patches, electro acupuncture, infrared heat, and myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111, 112.

Decision rationale: The MTUS Chronic Pain Guidelines indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Chronic Pain Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The documentation submitted the provider failed to indicate the injured worker failing antidepressants and anticonvulsants. Additionally, the provider failed to indicate the injured worker having a diagnosis of neuropathic pain. The request failed to include body location where the Lidoderm patches are required to be used frequency, and dosage of the medication. As such, the request for Lidoderm patches, #30, is not medically necessary.

Electro Acupuncture, Infared heat, Myofascial Release 1.00 visits over 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The MTUS Chronic Pain Guidelines recommends massage therapy as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. Per the MTUS Acupuncture Guidelines, "acupuncture" is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The Guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The injured worker has had electro-acupuncture and myofascial release in the past. However, functional improvement must be documented for additional treatment to be recommended. The provider failed to indicate long term goals and outcome

measures of a home exercise program for the injured worker. With regard to heat, the MTUS Chronic Pain Guidelines note that while there is insufficient evidence of efficiency, at-home application of heat packs is recommended. However, there is no clear rationale for the use of specialized treatment in the form of infrared heat rather than the simple heat packs recommended by the guidelines. Additionally, the requested number of visits submitted exceeds recommendations per guidelines. As such, the request is not medically necessary and appropriate.