

Case Number:	CM14-0181066		
Date Assigned:	11/06/2014	Date of Injury:	09/25/2003
Decision Date:	12/15/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 42 year old female with an injury date of 08/22/03. Based on the 09/26/14 progress report, the patient complains of persistent flare-ups of pain about her neck region, with numbness/tingling radiating into her bilateral shoulders and down into her arms to her hands. She rates her neck pain as an 8/10. Her neck pain also causes daily headaches. Tenderness was noted over the posterior cervical paraspinal and upper trapezius musculature (right worse than left) where muscle spasms and myofascial trigger points were not. In regards to her right arm, she had a positive Apprehension test and a positive Drop Arm test. The 10/06/14 report states that the patient has a positive impingement syndrome test. The patient's diagnoses include sprain/strain of the cervical spine; right shoulder impingement syndrome, acromioclavicular joint arthritis status post arthroscopic debridement as indicated with subacromial decompression; acromioplasty; arthroscopic resection of the lateral end of the clavicle; right carpal tunnel syndrome moderate per EMG/NCV of 05/29/12; sprain/strain of the right wrist; soft tissue mass of the right posterior shoulder; right lateral epicondylitis; left shoulder strain; and left elbow lateral epicondylitis. The utilization review determination begin challenged is dated 10/23/14. Treatment reports were provided from 03/27/14- 10/06/14. 1.Sprain/strain of the cervical spine 2.Right shoulder impingement syndrome, acromioclavicular joint arthritis, status post arthroscopic debridement as indicated with subacromial decompression, acromioplasty, and arthroscopic resection of the lateral end of the clavicle. 3.Right carpal tunnel syndrome moderate per EMG/NCV of 05/29/12 4.Sprain/strain of the right wrist 5.Soft tissue mass of the right posterior shoulder 6.Right lateral epicondylitis 7.Left shoulder strain 8.Left elbow lateral epicondylitis The utilization review determination begin challenged is dated 10/23/14. Treatment reports were provided from 03/27/14- 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117, 118.

Decision rationale: According to the 09/26/14 report, the patient presents with flare-ups of pain about her neck region, with numbness/tingling radiating into her bilateral shoulders and down into her arms to her hands. The request is for an H-wave unit purchase. The 09/26/14 report states the patient "continues to use an H-wave home TENS unit on a regular basis, which she states continues to provide her with relief from some of her pain symptoms... She continues to benefit from its use." There is no indication of how often the patient uses the H-wave unit or how long she has been using the unit for. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence - based functional restoration and only following failure of initially recommended conservative care." MTUS further states trial periods of more than 1 month should be justified by documentation submitted for review. The treating physician fails to provide any documentation of when the patient began using the H-wave unit or how often she uses it. There is no indication of if the patient had a one month trial or how this trial may have decreased her medication intake and increased her functional abilities. Due to lack of documentation, this request is not medically necessary.

1 prescription for soma 350mg #90: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to the 09/26/14 report, the patient presents with flare-ups of pain about her neck region, with numbness/tingling radiating into her bilateral shoulders and down into her arms to her hands. MTUS page 29 states that soma is not indicated for long-term use. In this case, the patient has been taking soma as early as 05/01/14; however, it is unknown when the patient first began taking the medication. The treating physician does not indicate that this is for a short-term use to address the patient's neck pain flare-up. Long-term use of this medication is not supported by the MTUS guidelines; therefore, this request is not medically necessary.

1 Prescription for lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine, Lidocaine Indication Page(s): 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm Â® (lidocaine patch), Pain (Chronic) Chapter

Decision rationale: According to the 09/26/14 report, the patient presents with flare-ups of pain about her neck region, with numbness/tingling radiating into her bilateral shoulders and down into her arms to her hands. Lidoderm patches were first mentioned on the 09/26/14 report. MTUS guidelines page 57 states, "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)." MTUS guidelines page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading Official Disability Guidelines (ODG), it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the treating physician does not indicate where these patches will be applied, or if they will be used for neuropathic pain. Based on the patient's diagnosis, there is no neuropathic pain that is peripheral and localized. Therefore, this request is not medically necessary.