

Case Number:	CM14-0185864		
Date Assigned:	11/13/2014	Date of Injury:	07/16/2007
Decision Date:	12/16/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal 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 injured worker (IW) is a 47-year-old woman with a date of injury of July 16, 2007. The mechanism of injury was not documented in the medical record. Current medications include Wellbutrin 37.5mg and Cymbalta 20mg provided by her psychiatrist. Pursuant to the progress note dated September 18, 2014, the IW complains of bilateral upper extremity burning sensation and neuropathic complaints greater on the left than the right. She has been without medications for 5 months. The provider documents that the IW is having ongoing neck pain; however, future medical is for bilateral wrist and hands and bilateral shoulders. Cervical is not part of this claim. She had recent shoulder surgery and has completed 12 of 12 authorized sessions and is awaiting the UR decision for an additional 12 sessions including acupuncture. Physical examination reveals significant pain to palpation in the left shoulder that extends to the trapezius and posterior shoulder complex. There is dysesthesias with pinwheel sensation along the C6-C7 dermatomal pattern. Decrease grip strength with Jamar testing. There is no swelling of the wrist or atrophy of the hypothenar or thenar eminence. The MRI of the cervical spine dated March 15, 2012 revealed no significant disc protrusions as read by [REDACTED]. The IW was diagnosed with status post right shoulder surgery with residuals; status post right shoulder rotator cuff repair, February 21, 2014; status post right carpal tunnel release; peripheral neuropathic pain; bilateral carpal tunnel syndrome, myofascial pain syndrome; cervical radiculopathy; headaches, cervicogenic versus component of occipital neuralgia. Treatment plan recommendations include: Request for cervical epidural steroid injection, request for Topamax 25mg, request for Naprosyn 500mg, request for Lidoderm 5% patch, and request for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid injection C6-7 nerve roots: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines and American Medical Association

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid injection

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections C6 C7 nerve roots are not medically necessary. The guidelines enumerate the criteria for epidural steroid injections. They include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; should be performed using fluoroscopy for guidance; and repeat blocks should be based on continued objective documented pain and functional improvement. In this case, the documentation shows the injured worker had subjective numbness and tingling and objective sensory changes in a radicular distribution. However, MRI showed no significant disc protrusion and consequently, radiculopathy is not corroborated by imaging studies. There is no other documentation of an imaging report or electrodiagnostic studies supporting radiculopathy. The criteria for epidural steroid injections are not met and consequently, epidural steroid injections C6 C7 nerve roots are not medically necessary.

Retrospective Urine Drug Screen on 9-18-14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing retrospective September 18, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is based on whether the patient is at low risk, intermediate or high risk for drug abuse or misuse. In this case, the injured worker's documentation does not show continued use of narcotics. There was no prior history of drug misuse or abuse and consequently, the urine drug testing ordered on September 18, 2014 is not medically necessary.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the documentation does not show prior evidence of tri-cyclic antidepressants or anticonvulsants such as gabapentin. Topical analgesics are indicated for neuropathic pain when trials of antidepressants anticonvulsants have failed. Consequently Lidoderm patch 5% #30 is not medically necessary.