

Case Number:	CM14-0218369		
Date Assigned:	01/08/2015	Date of Injury:	03/22/2013
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 31-year-old male who reported an injury on 03/22/2013. The mechanism of injury was not provided. An MRI of the cervical spine was noted to be normal. The injured worker was previously treated with oral and topical medications and has had previous medial branch blocks. The clinical note dated 11/14/2014 revealed that the injured worker had complaints of constant neck and upper back pain. Examination of the cervical spine revealed full range of motion. There was a spasm noted to palpation bilaterally. Decreased strength and deep tendon reflexes over the left brachioradialis reflex. The diagnoses were a cervical strain and cervical radiculopathy. Current medications included Nucynta. The provider recommended an EMG of the left upper extremity, Lidoderm patches, and acupuncture. The provider noted that although the patient had a negative MRI, subjective complaints were of left lower extremity radiculopathy. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #30 As Prescribed: Upheld

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

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

Decision rationale: The request for Lidoderm patch with a quantity of 30 as prescribed is not medically necessary. The California MTUS state that Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include a tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The included documentation submitted for review lack evidence of treatment history and efficacy of the prior use of Lidoderm patch. There is no information on increased function or decreased pain to support continued use. Additionally, the injured worker does not have a diagnosis congruent with the guideline recommendations for Lidoderm patch. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

EMG LUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for an EMG of the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines recommend EMG in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The medical document lacked evidence of muscle weakness and numbness or symptoms that would indicate peripheral nerve impingement. Additionally, there is no indication of failure to respond to conservative care and treatment to include physical therapy and medications. As such, medical necessity has not been established.

Acupuncture 2 Times A Week for 3 Weeks Evaluate and Treat for The Cervical Spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 times a week for 3 weeks evaluate and treat for the cervical spine is not medically necessary. The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and must be

used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture is recommended to be performed as 6 treatments to produce functional improvement at a frequency of 1 to 3 times a week with an optimum duration of 1 to 2 months. There is no information given on if the patient previously had acupuncture treatments. Additionally, there is no adjunctive physical rehabilitation program to be used with the requested acupuncture treatments. As such, medical necessity has not been established.