

Case Number:	CM15-0169707		
Date Assigned:	10/14/2015	Date of Injury:	08/13/2012
Decision Date:	11/25/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who sustained an industrial injury on 08/13/2012. Medical records indicated the worker was treated for chronic pain, brachial plexopathy, carpal tunnel syndrome, pain in joint, unspecified disorder of joint, shoulder region, cervical facet joint syndrome, cervical degenerative disc disease, lumbar degenerative disc disease, De Quervain's tenosynovitis, and Fibromyalgia-myofascial pain. In the provider notes of 08-03-2015 the worker was seen in follow up of carpal tunnel syndrome, degeneration of lumbar intervertebral disc, thoracic outlet syndrome, myofascial pain, disorder of shoulder, cervical spondylosis, degeneration of cervical intervertebral disc, radial styloid tenosynovitis, and chronic pain. The worker presents with right sided neck pain that radiates to both shoulders right greater than left. The pain is aching and dull and noted to be constant but variable in intensity. She denies upper extremity weakness; denies bowel or bladder dysfunction. Standing or extending her neck aggravates her pain. Massage therapy and medication make the pain better. She complains of low back pain that is in the bilateral lower back and does not radiate. The pain is aching and dull with an intermittent duration. She denies lower extremity weakness, numbness or tingling. She has no calf pain with ambulation. Lumbar extension, flexing, standing and walking aggravate the pain. Medication and rest make it better. She has pain in both shoulders with the right greater than the left. She has pain in the wrist on the right side. Pain is also along the right first digit and dorsal aspect of the forearm. The shoulder and wrist pain is dull, shooting, constant but variable in intensity. She denies joint swelling but has numbness in the right upper extremity. The pain is aggravated by carrying and lifting. On examination, the general appearance is healthy appearing, well nourished, and well developed. Neurological exam and reflexes show myoclonus absent throughout. Musculoskeletal exam shows a normal gait and normal posture. Pain behaviors are

within the expected context of disease. The worker has been taking Trazadone for treatment of her pain. The worker notes a 40 percent decrease in pain with this medication with no reported side effects. She also has been using Lidocaine 5% patch twice daily with reported 50% decrease in pain. The plan is for renewal of her medications and a request for continuation of hand therapy. A request for authorization was submitted for Multidisciplinary pain management evaluation, and Lidocaine patch. A utilization review decision 08/10/2015 denied both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary pain management evaluation: Overturned

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 ACOEM Chapter 7, page 127.

Decision rationale: The patient presents with pain in the neck radiating to bilateral shoulders, low back, bilateral shoulders, and right wrist. The request is for MULTIDISCIPLINARY PAIN MANAGEMENT EVALUATION. Physical examination to the cervical spine on 06/30/15 revealed tenderness to palpation over paraspinals overlaying the facet joints bilaterally, trigger points over the upper paraspinals, and muscle spasm over the upper trapezius muscles bilaterally. Range of motion was noted to be limited. Treatments have included image studies, EMG/NCV studies, medication, cervical ESI's, injections, and physical therapy with benefits. Per 10/12/15 Request For Authorization form, patient's diagnosis include other chronic pain, brachial plexopathy, carpal tunnel syndrome, pain in joint, unspecified disorder of joint shoulder region, cervical facet joint syndrome, lumbar degenerative disc disease, wrist: de Quervain's tenosynovitis, and fibromyalgia/myofascial pain. Patient's medications, per 03/06/15 progress report include Botox injection, Lidocaine Patch, Tramadol, and Trazadone. Patient's work status is modified duties. MTUS/ACOEM, 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The treater has not specifically addressed this request. The patient is diagnosed with other chronic pain, brachial plexopathy, carpal tunnel syndrome, pain in joint, unspecified disorder of joint shoulder region, cervical facet joint syndrome, lumbar degenerative disc disease, wrist: de Quervain's tenosynovitis, and fibromyalgia/myofascial pain. Treatments to date have included image studies, EMG/NCV studies, medication, cervical ESI's, injections, and physical therapy. Given the patient's continued pain and diagnosis, a pain management evaluation appears reasonable. Therefore, the request IS medically necessary.

Lidocaine patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Lidoderm (Lidocaine patch).

Decision rationale: The patient presents with pain in the neck radiating to bilateral shoulders, low back, bilateral shoulders, and right wrist. The request is for LIDOCAINE PATCH. Physical examination to the cervical spine on 06/30/15 revealed tenderness to palpation over paraspinals overlaying the facet joints bilaterally, trigger points over the upper paraspinals, and muscle spasm over the upper trapezius muscles bilaterally. Range of motion was noted to be limited. Treatments have included image studies, EMG/NCV studies, medication, cervical ESI's, injections, and physical therapy with benefits. Per 10/12/15 Request For Authorization form, patient's diagnosis include other chronic pain, brachial plexopathy, carpal tunnel syndrome, pain in joint, unspecified disorder of joint shoulder region, cervical facet joint syndrome, lumbar degenerative disc disease, wrist: de Quervain's tenosynovitis, and fibromyalgia/myofascial pain. Patient's medications, per 03/06/15 progress report include Botox injection, Lidocaine Patch, Tramadol, and Trazadone. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pages 56 and 57, Lidoderm (Lidocaine patch) section 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 Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', 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 progress report dated 09/29/15, the treater states that Lidocaine provides 50% decrease in pain. Review of the medical records provided indicates that the patient has been utilizing Lidoderm Patches since at least 03/06/15. In this case, the treater has documented the analgesic affects of this medication. However, the treater does not document any specific improvement in function about the use of Lidocaine patches. MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, the patient presents with axial spinal pain (neck and low back) and pain in the bilateral shoulders and the right wrist. While topical Lidocaine is considered appropriate for peripheral neuropathic complaints, the provider does not specify where these patches are to be applied. The request does not meet guideline recommendations and therefore, IS NOT medically necessary.