

<b>Case Number:</b>	CM14-0102201		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/10/1999
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 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 is a 56-year-old female who reported an injury on 05/10/1999 due to an unknown mechanism. The diagnoses were cervical strain with upper extremity radiculopathy with disc protrusion at C5-6 (double crush syndrome) in conjunction with diagnosis of carpal tunnel syndrome; traumatic lumbar sprain with intermittent left lower extremity radiculopathy with facet arthropathy; L3-4 and L4-5; facet syndrome; status post; contusion; right shoulder with trapezial paracervical myofascial strain with right shoulder impingement and acromioclavicular joint arthropathy; status post right shoulder arthroscopy; rotator cuff and labral debridement; subacromial decompression; and distal clavicle excision; right wrist tendonitis with carpal tunnel syndrome secondary to use of walker as a result of original fall; right long finger stenosing tenosynovitis; status post right long finger trigger release; thumb and ring finger triggering; status post right thumb and ring finger trigger release; overuse syndrome; left wrist with electrical steady evidence of carpal tunnel syndrome; status post left carpal tunnel release and median nerve neurolysis; traumatic chondromalacia; status post left knee arthroscopy; with extensive chondroplasty involving the patella; trochlea and medial femoral condyle due to grade 4 chondromalacia of the patella; medial femoral condyle and distal femoral trochlea; right knee strain and contusion with worsening symptoms secondary to compensation for left knee pathology; anxiety and depression secondary to chronic injury; injury related weight gain; left shoulder strain secondary to right shoulder injury; right 5th metacarpal fracture secondary to acute left knee instability; left 3rd metatarsal bone fracture secondary to left knee instability. The past treatments were medications, physical therapy, and epidural steroid injections. Diagnostic studies were a magnetic resonance imaging (MRI) of the right shoulder, MRI of the lumbar spine, MRI of the cervical spine. Surgical history was right shoulder arthroscopy, left knee surgery, L4-5 fusion, and C5-6 fusion. Physical examination on 08/05/2014 revealed complaints

of a locking sensation of the right ring finger. The injured worker complained of intermittent moderate pain in the palm of the right hand. An examination of the cervical spine revealed tenderness to palpation about the paracervical musculature. There was slightly restricted range of motion due to complaints of discomfort and pain. There was muscle spasms noted. An examination of the lumbar spine revealed tenderness to palpation at the levels of L3-S1 bilaterally. There was muscle spasms noted bilaterally. An examination of the right hand revealed a positive Tinel's and Phalen's sign on the wrist. Medications were Tramadol and Cyclobenzaprine. Treatment plan was to continue medications as directed and to request authorization for postoperative physical therapy. The rationale and Request for Authorization were not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One prescription for Lidoderm patches 5%, #60.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm Page(s): 111, 56, 57.

**Decision rationale:** The decision for one prescription for Lidoderm patches 5%, #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized 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. Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants 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. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**One prescription for Norco 10/325mg, #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The decision for one prescription for Norco 10/325mg, #180 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The request does not indicate a frequency for the medication. Also, the 4 A's were not reported. Therefore, the request is not medically necessary.

**One Epidural steroid injection.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The decision for one epidural steroid injection is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for a repeat epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The request does not state where the epidural steroid injection is to be given. Therefore, the request is not medically necessary.