MAXIMUS Federal Services

Case Number:	CM13-0013668		
Date Assigned:	11/06/2013	Date of Injury:	07/29/2004
Decision Date:	01/15/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 physician 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.

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 55-year-old male who reported an injury on 07/29/2004 when grading and paving a driveway when he and a coworker were lifting a heavy "chip box" when the coworker dropped his end and the box severely injured the patient's right foot. The patient is noted to have had extensive treatment and to have developed CRPS of the right foot, and due to his intractable pain, a right below the knee amputation was performed in 2010. The patient is reported to continue to complain of right stump pain. He is reported to be utilizing a muscle stimulator for his stump which was bothering him. Per a clinical note dated 03/19/2013, the patient is reported to have a problem with his stump which he stated that he was waiting to see a plastic surgeon and noted it hurt when he tried to walk. He was waiting for a new prosthesis. He is reported to have had a spinal cord stimulator implantation but noted he had stopped using it. He is noted to have been receiving ESWT treatment to his right stump. He was noted to have been using a motorized wheelchair and to have later received a new prosthesis which was reported to help. On 06/19/2013, a clinical note signed by [redacted] reported the patient had been seen for psychiatric care and treatment. He is reported to have, on physical exam, significant neuropathy up to his right lower extremity with sensitivity to his right lower extremity stump, the lateral and anterior aspect; tenderness with scar tissue formation and difficulty with pressure. There was also some discoloration of the distal stump along the dog ear on the medial aspect. A request was submitted for a prescription of Cyclobenzaprine, TENS unit supplies, and a prescription for Lidocaine10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) prescription of Cyclobenzaprine 7.5 mg # 60 (between 6/19/2013 and 9/7/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle Relaxants (for pain), Page(s): 63.

Decision rationale: The patient is a 55-year-old male who reported an injury to his right foot on 07/29/2004. He is noted to have developed severe CRPS syndrome and to eventually have undergone a right below the knee amputation due to his severe neuropathic pain. He is noted to continue to have extreme sensitivity to his right stump with neuropathic pain. He is reported to have a spinal cord stimulator which he has stopped using. He is noted to have been evaluated for possible stump revision, to have been given a new stump prosthetic, and to have been using a motorized wheelchair to assist with his ambulation. The patient is noted to have been prescribed Cyclobenzaprine. The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of Cyclobenzaprine as an option for ongoing chronic pain as a short-term option for treatment no more than 2 to 3 weeks. As the patient is noted to be using the Cyclobenzaprine on a long-term basis, the requested Cyclobenzaprine does not meet guideline recommendations. The request for one (1) prescription of Cyclobenzaprine 7.5 mg #60 (between 06/19/2013 and 09/07/2013) is not medically necessary and appropriate.

one (1) TENS unit supplies (between 6/19/2013 and 9/7/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Transcutaneous electrotherapy Page(s): 116.

Decision rationale: The patient is a 55-year-old male who reported an injury to his right foot on 07/29/2004. The patient is noted to have developed severe complex regional pain syndrome and to have eventually undergone a right below the knee amputation. He is noted to continue to have neuropathic pain of the stump area and is reported to have been considered for a stump revision. He is noted to utilize a TENS unit for treatment of his chronic pain. The California MTUS Guidelines recommend use of a TENS unit when there is evidence that all other appropriate pain modalities have been tried and failed. As the patient is noted to be utilizing other oral pain medications which are reported to give him good relief, the requested TENS unit does not meet guideline recommendations. Based on the above, the request for TENS unit supplies does not meet guideline

one (1) prescription for Lidocaine 10% cream 60 gram tube (between 6/19/2013 and 9/7/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical analgesics Page(s): 112.

Decision rationale: The patient is a 55-year-old male who reported an injury to his right foot on 07/29/2004. He is noted to have eventually developed severe complex regional pain syndrome and to have undergone a right below the knee amputation. He is reported to complain of ongoing neuropathic pain of the right stump with tenderness to palpation. He is noted to be under consideration for a stump revision and to have received a new prosthesis and to be utilizing a motorized wheelchair for ambulation. On physical examination, the patient is noted to have significant neuropathy of his right lower extremity with sensitivity over the stump. There is lateral and anterior aspect tenderness with scar tissue formation and difficulty with pressure. There was some discoloration of the distal stump along the dog ear on the medial surface. The California MTUS Guidelines recommend the use of Lidocaine as a dermal patch for treatment of neuropathic pain after evidence of a trial of first line therapy such as tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants, or antiepileptic drugs (AEDs) as such as gabapentin or Lyrica and states that no other commercially approved topical formulation of Lidocaine, whether creams, lotions, or gels are indicated for neuropathic pain. As the patient is noted to be taking Lyrica with good pain relief and the Lidocaine preparation is in the form of a cream, the requested Lidocaine does not meet guideline recommendations. The request for one (1) prescription for Lidocaine 10% cream 60 gram tube (between 06/19/2013 and 09/07/2013) is not medically necessary and appropriate..