

Case Number:	CM13-0020226		
Date Assigned:	10/11/2013	Date of Injury:	09/12/2012
Decision Date:	02/13/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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. 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:

According to medical records reviewed, the claimant is a 51-year-old right handed male who stated that on 9/12/12, he was throwing out some garbage when the door to the dumpster slammed onto his left hand and cut his left index finger on the palmar aspect. He states he sustained lacerations, pointing to the distal phalanges on the palmar surface of the ring and index fingers, and there are small jagged scars in this region on both of these fingers. The patient states that the long finger sustained a crush injury and was swollen in the distal phalanx, but there was no laceration. He was taken to the [REDACTED] and seen by a hand surgeon, [REDACTED]. X-rays were taken. The patient was found to have a severe avulsion of his long finger with lacerations also in the index finger. No fractures or dislocations were noted and the lacerations were sutured. He was given pain medications and antibiotics and was discharged. The hand was immobilized and elevated. He states that there was some swelling of the fingers. His symptoms persisted and he had numbness and tingling. On 9/25/2012 he returned to the clinic for suture removal. He started physical therapy and attended twelve sessions which he states helped. On 10/3/2012, he followed up at the clinic once again. He noted some numbness in the left index, long, and ring fingers and volar wrist pain. In mid January 2013, and electrodiagnostic study was done which was negative, and the doctor advised him that nothing further could be done for this. The patient currently complains of pain in the palm of the left hand. The index, long, and ring fingers have numbness. He states that he has pain, pointing to the mid-palm. The patient says there is dense numbness in the index, long, and ringer fingers and that he cannot make a full fist. He also has pain radiating up into the volar aspect of the left forearm. He has no pain in the thumb or small finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% ointment 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 54-57.

Decision rationale: The Physician Reviewer's decision rationale: The California-MTUS (Effective July 18, 2009) page 56 to 57 of 127, Topical Analgesics section, indicates that Lidoderm® (lidocaine patch) is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Based on the guidelines, the request for Lidoderm ointment 5% 60 mg, use as directed, was not medically necessary.

Relafen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Relafen Page(s): 67,72.

Decision rationale: California-MTUS (Effective July 18, 2009) page 62 and 72 of 127, Nabumetone (Relafen®, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen® Package Insert) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain

conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004)(Gore, 2006) See NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renalfunction. Besides the above well-documented side effects of NSAIDs, there are other less wellknown effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. (Maroon, 2006) NSAIDs, GI symptoms & cardiovascular risk Therefore the request for Relafen 500mg #60 is not medically necessary since the guidelines do not recommend these medications for long term use.