

Case Number:	CM13-0023163		
Date Assigned:	01/03/2014	Date of Injury:	03/07/2013
Decision Date:	03/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

The patient is a 24 year old male with a date of injury on 3/7/2013. Patient has been treated with ongoing symptoms related to his left middle finger. Diagnoses include status post amputation left 3rd finger tip with residual pain, rule out complex regional pain syndrome, and myofascial pain. Subjective complaints include sharp radiating pain and numbness of the left 3rd finger. On exam there is a well healed third digit with decreased range of motion due to scar tissue. Treatment has included medications of Naprosyn and hydrocodone. Patient has also undergone physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) left middle finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, MRI.

Decision rationale: CA MTUS does not specifically address MRI for fingers. The ODG recommends MRI for evaluation of acute hand injuries. There is no recommendation for performing an MRI for chronic finger pain. For this patient there is no documented diagnosis

with supportive evidence for which an MRI is indicated. Therefore, the medical necessity of a finger MRI is not established.

High power intensity laser therapy x 4 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Laser Therapy.

Decision rationale: CA MTUS does not address high intensity laser therapy. The ODG does not discuss specific laser therapy for the finger, but does not recommend laser therapy in general. Given the equivocal or negative outcomes for a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that of the equivalent of a placebo effect. For this patient, the request for laser therapy is not supported by the patient's diagnoses, as well as the lack of support by evidence based guidelines. Therefore the medical necessity of high intensity laser therapy is not supported.

Topical analgesics: Lidoderm and/or Voltaren gel along with twinket cream, capsaicin:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Lidoderm, Topical Analgesics Page(s): 28, 56, 111.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. CA MTUS suggests that topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain of neuropathic origin. It is not indicated for non-neuropathic pain. 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. For Voltaren, CA MTUS indicates use for osteoarthritis for joints that lend themselves to topical treatment. Furthermore, CA MTUS states topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis but with a diminishing effect over another 2-week period. CA MTUS support capsaicin for osteoarthritis, herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. Therefore, due to the lack of supportive diagnoses (osteoarthritis, herpetic neuralgia, diabetic neuropathy) and documented failure of oral medications, the medical necessity of a Lidoderm patch/Voltaren gel/capsaicin is not established.