

Case Number:	CM13-0048788		
Date Assigned:	05/09/2014	Date of Injury:	12/03/2007
Decision Date:	06/13/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	11/06/2013

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 & 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 61-year-old male who reported an injury on 12/03/2007. The worker was injured when he hit his right knee against the front of a tractor he was operating. Per the clinical note dated 04/10/2013 the injured worker underwent a second epidural sympathetic injection on 01/14/2013 which resulted in a 90 percent decrease in pain to the legs and a decrease of medication use by 50 percent. After the injection, the injured workers functional ability increased; however, the injured worker reported his pain increased while at work. The injured worker had diagnoses including complex regional pain syndrome (CRPS) type I of the left leg, status post left knee surgery with deep vein thrombosis, and status post epidural sympathetic injection with moderate relief. Per the operative note dated 10/01/2012 the injured worker underwent a left lumbar sympathetic injection. Per the physician's note dated 09/05/2013 the injured worker had completed 6 acupuncture treatments with very little pain or symptom relief. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSIDER SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Spinal Cord Stimulators, Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Spinal Cord Stimulators, Section Psychological evaluation Page(s): 105-107, 100-101.

Decision rationale: The CA MTUS guidelines state spinal cord stimulators are recommended following a successful temporary trial. The MTUS guidelines state there is limited evidence in favor of spinal cord stimulators for complex regional pain syndrome (CRPS) type I. The MTUS guidelines further state that a psychological evaluation is required prior to the use of a spinal cord stimulator. There is a lack of documentation that the injured worker underwent a stimulator trial as well as the efficacy of the trial. Per the documentation provided the injured worker has been diagnosed with CRPS-I. There is documentation provided that a psychological evaluation has been requested; however, there is a lack of documentation that states an evaluation has been completed. Therefore, the request for the spinal cord stimulator is non-certified.

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics, Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Lidocaine, Page(s): 56-57, 112.

Decision rationale: Per the CA MTUS guidelines Lidoderm has been designated for orphan status by the Food and Drug Administration (FDA) for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The MTUS guidelines note topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRIs) anti-depressants or an anti-epileptic drug (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. There is a lack of documentation regarding the presence of post-herpetic neuralgia. The injured worker is utilizing gabapentin; it was unclear if gabapentin has not been effective in alleviating the injured workers symptoms. The efficacy of the Lidoderm was unclear within the provided documentation. The guidelines do not recommend Lidoderm for non-neuropathic pain. Therefore, the request for Lidoderm patches is non-certified.

NEUROPATHIC PAIN OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical analgesics, Page(s): 111-112.

Decision rationale: Per the CA MTUS guidelines topical analgesics are largely experimental and are primarily recommended for neuropathic pain. In addition, the MTUS guidelines state that any topical analgesic that is compounded and contains at least one drug or drug class that is not

recommended is not recommended. There was a lack of documentation regarding the presence of neuropathic pain in the injured worker. There is no indication as to the components of the requested pain ointment and therefore a determination cannot be made based on the information provided. Therefore, the request for neuropathic pain ointment is non-certified.