

Case Number:	CM13-0069866		
Date Assigned:	01/03/2014	Date of Injury:	02/12/2011
Decision Date:	06/02/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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 patient is a 39-year-old male with date of injury of 02/12/2011. The listed diagnoses per [REDACTED] dated 12/02/2013 are: 1. Contusion of the right forearm. 2. Right ulnar neuropathy, status post transposition. 3. Myofascial pain syndrome. 4. Swelling, distal right 4th metacarpal. According to the report, the patient is complaining of right upper extremity pain. He states he is tolerating his medications well but continues to have some pain and swelling over the 4th MP joint. He does not want any trigger-point injections. The physical examination shows there are discrete tender trigger points over the neck, posterior shoulders, and right upper extremity. There is decreased ulnar nerve distribution sensation. The patient continues to have some swelling over the right 4th distal MP joint. The utilization review denied the request on 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 LIDODERM 5% PATCHES WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches, Page(s): 56,57,60; 112..

Decision rationale: This patient presents with right upper extremity pain. The treating physician is requesting a refill of Lidoderm patches. The MTUS Guidelines page 56 and 57 states, "Lidocaine Indication: Neuropathic pain, Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS would appear to support the use of Lidocaine patches for localized peripheral pain that is neuropathic. Review of records show that the patient has been using Lidoderm since July 2013 but the patient does not present with a localized peripheral pain that is neuropathic. Furthermore, the MTUS Guidelines page 60 requires documentation of pain and functional improvement when medications are used for chronic pain. In this patient, there are no reports documenting lidoderm efficacy. The request for Lidoderm is not medically necessary.

30 FLEXERIL 10MG, 1/2 TABLET AT NIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 63, 64.

Decision rationale: This patient presents with right upper extremity pain. The treating physician is requesting a refill for Flexeril 10 mg. The MTUS Guidelines page 64 on cyclobenzaprine states, "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g., amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks." The review of records show that the patient has been taking cyclobenzaprine since 07/24/2013. In this case, cyclobenzaprine is only indicated for short-term use. The request for Flexeril is not medically necessary.

X-RAY OF THE RIGHT HAND: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), on X-rays of wrist/hand

Decision rationale: This patient presents with right upper extremity pain. The treating physician is requesting an x-ray of the right hand. The ACOEM Guidelines page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." Furthermore, ODG states that for most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides an adequate diagnostic information and guidance to the surgeon. The records do not show any recent or previous x-ray of the right hand. The report dated 12/02/2013 documents that the patient continues to complain of pain and swelling over the right 4th distal MP joint. In this case, the treater is concerned about the continued swelling of the

4th digit and wants to rule out a possible fracture to the hand/fingers. Given that the patient has not had any x-rays to the right hand, the request for X-ray of the Right Hand is medically necessary.