

Case Number:	CM14-0004983		
Date Assigned:	05/23/2014	Date of Injury:	02/02/2010
Decision Date:	07/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 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:

This 37 year-old patient sustained an injury on 2/2/10 from moving a stove while employed by [REDACTED]. The requests under consideration include work conditioning program and unknown prescription of Lidoderm patches. A report from the provider noted the patient with continued pain to the right hand, wrist, and elbow. An exam showed functional range of motion in the right upper extremity, mild discomfort on resistance at right wrist and elbow. X-rays of the right wrist noted ulnar negative variance of one to two millimeters with normal intercarpal alignment. MRI indicated no LT tear and the patient has received conservative care to include wrist splint and therapy for diagnoses of lunotriquetral ligament sprain. The patient has been deemed P&S with upper extremity impairment on 4/13/10. Per report of 5/17/13, the patient has continued right upper extremity symptoms with unclear diagnosis of lunotriquetral injury manifested by weakness and remains on total temporary disability; it was noted the patient was living in his truck and receives prescribed marijuana from another provider. The request for work conditioning program and Lidoderm patches were non-certified on 1/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines - Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

Decision rationale: Guidelines do not support the use of Work conditioning when ongoing treatment is occurring and the provider has continued treatment plan for therapy. Additionally, work conditioning is generally not a consideration when the duty status remains unchanged without evidence of functional improvement from treatment rendered. Submitted reports have not adequately demonstrated maximal efforts with functional limitations precluding the patient from current job demands, documented plateau status from trial of physical or occupation therapy, unlikely to improve with continued therapy; nor identify patient to be a non-surgical candidate with sufficient medical and physical recovery to allow for progressive reactivation and participation in the work conditioning program. Work conditioning in the true sense is focused exercises by the patient, utilized in the presence of musculoskeletal dysfunction when the problem is non-surgical and there has been no response to the standard amount of physical therapy. Modified work should have been attempted and there should be a clear understanding of the specific goal that cannot be performed independently, not demonstrated here. Criteria for program admission also require prior mutual agreement between the employee and employer of a defined return to work goal; specific job to return to with documented on-the-job training available not been demonstrated here. The worker must be no more than 2 years past date of injury; however, the patient is now over 4 years out without any documented return to modified work. Criteria for work conditioning have not been met or established in this case. The work conditioning is not medically necessary and appropriate.

UNKNOWN PRESCRIPTION OF LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical and Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine Patch).

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The unknown prescription of Lidoderm Patches is not medically necessary and appropriate.

