

Case Number:	CM14-0112206		
Date Assigned:	08/01/2014	Date of Injury:	08/15/2012
Decision Date:	10/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/17/2014

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, has a subspecialty in Pain Management 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 54 years old female with an injury date on 08/15/2012. Based on the 06/02/2014 progress report provided by [REDACTED], the diagnoses are: 1.Repetitive strain injury, neck and bilateral upper extremities.2.Myofascial pain syndrome.3.History of trigger finger.According to this report, the patient complains of upper extremities pain. Pain level is at an 8/10. Physical exam reveals discrete tender trigger points over the neck, posterior shoulder, and upper extremities. The 03/18/2014 A.M.E. report indicates the patient has neck pain that radiates to the bilateral upper extremities; right greater than left. Numbness and tingling of the bilateral hand are noted. Phalen's test and Tinel's are positive, bilaterally. The patient was diagnosed with "depressive disorder."There were no other significant findings noted on this report. The utilization review denied the request on 06/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/12/2013 to 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Dis 5% 15 Day Supply, #30 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57 of 127.

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

Decision rationale: According to the 06/02/2014 report by Dr. Jules this patient presents with upper extremities pain. The treater is requesting Lidoderm DIS 5% 15 days supply, #30 with 1 refills. Lidoderm patch was first mentioned in the 01/24/2014 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has cervical neuropathic pain but this is not a localized condition. Furthermore, the treater does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Recommendation is for denial.

Tegaderm FLM MIS 4"X4-3/4, 30 day supply, #30: 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) Durable Medical Equipment (DME)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 06/02/2014 report by [REDACTED] this patient presents with upper extremities pain. The treater is requesting Tegaderm FLM MIS 4x4-3/4, # 30. The utilization review denial letter states "There is no documentation provided to support this request." The 01/21/2014 report indicates that Tegaderm is to keep the Lidoderm patch from falling off. Given that Lidoderm is not indicated for this patient's diagnosis, there would not be a need for tegaderm. Recommendation is for denial.

Pristiq Tab 50mg 30 Day Supply, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 14 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: According to the 06/02/2014 report by [REDACTED] this patient presents with upper extremities pain. The treater is requesting to start Pristiq 50 mg # 30. Regarding antidepressants, MTUS recommends it for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, per AME report, the treater started the patient on Pristiq for probably depression and neuropathic pain. Given that the patient present with neuropathic and was diagnosis with depressive disorder, the requested Pristiq are reasonable. Recommendation is for authorization.