

Case Number:	CM14-0131261		
Date Assigned:	08/20/2014	Date of Injury:	01/28/2004
Decision Date:	09/25/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 63 years old male with an injury date on 01/28/2004. Based on the 07/03/2014 progress report provided by Dr. [REDACTED], the diagnoses are: 1. Complex Regional Pain Syndrome right UE, right elbow surgery x2 ulnar neurolysis, medial epicondylitis. 2. Right shoulder adhesive capsulitis. 3. Right shoulder rotator cuff tear. 4. Chronic pain syndrome. 5. Chronic pain related insomnia. 6. Myofascial Syndrome. 7. Neuropathic pain. 8. Chronic pain-related depression. 9. Chronic pain related anxiety. According to this report, the patient complains of right upper extremities pain. Pain is rated as a 7/10 currently and 5-7/10 on average, 7/10 without medication and 5/10 with medications. The 05/16/2014 report, the treater indicates the patient "would get psychological support to help him deal with ongoing depressive symptomology." There were no other significant findings noted on this report. The utilization review denied the request on 07/18/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/2014 to 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Idrasil 25mg #30 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

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

Decision rationale: Regarding Cannabis (Idrasil), the Official Disability Guidelines state that it is not recommended for pain; however, it is under study for epilepsy. Furthermore the ODG states that there are no quality studies supporting cannabinoid use, and there are serious risks. Given the lack of the guidelines support, the request is not medically necessary.

LG hot ointment for 2 months: Upheld

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

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

Decision rationale: LG hot ointment is a formulation of lidocaine and menthol. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended than the entire compound is not recommended. In this case, Lidocaine is not recommended for topical formulation. As such, the request is not medically necessary.

Pristiq 50mg #30 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants(pgs Page(s): 13, 15.

Decision rationale: Regarding antidepressants, MTUS recommends it for neuropathic pain, and as a possibility for non-neuropathic pain. Pristiq was first mentioned in the 01/07/114 report to discontinue medication; however, the 01/28/2014report Pristiq was prescribed to the patient; it is unknown exactly when the patient initially started taking this medication. In this case, the patient is prescribed Pristiq for probably depression and neuropathic pain. However, there was no discussion of the efficacy of the medication. The MTUS requires that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. As such, the request is not medically necessary.