

Case Number:	CM14-0150715		
Date Assigned:	09/19/2014	Date of Injury:	08/22/2012
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 28 year old female with a work injury dated 8/22/12. The diagnoses include CRPS (complex regional pain syndrome) of the lower extremity. Under consideration is a request for Clonazepam 0.25mg #30 and Acupuncture - Left Foot #8 sessions. There is a primary treating physician report dated that states that the patient is having pain in her left hand that started two months ago. Her RSD pain has always been right-sided. She is not doing Acupuncture or PT. They were both helpful previously, though PT exacerbated her pain, it improved her mobility. Acupuncture provided significant pain relief and stress relief by 80%. Last month her Norco was increased to 10/325 and Lyrica from 25mg to 50mg. Both increases are working well along with Lidoderm patches. In general, she continues to describe her pain as burning, deep, aching, and stiff in her right hand and upper extremity to the neck. She has a constant burning on the right side of her face, especially her eyelids. This is relatively new finding. She has constant right hand swelling and burning. She has occasional burning in the left hand. She is enrolled in school and finds it very difficult for her to take notes which causes severe pain after approximately 30 minutes. She is right-handed. She continues to have right foot pain on the top of her foot, the great toe, and the second toe. She has intermittent sensitivity when aggravated or with pain. Sometimes her pain levels are low. Her medications include Lidoderm 5 % adhesive patch; lidocaine 5 % topical ointment; Lyrica; Norco; Clonazepam; Ibuprofen. On exam inspection reveals normal curvature of the cervical spine. The cervical spine is non-tender and supple. There are no palpable trigger points in the muscles of the head and neck. The bilateral hands are nontender without allodynia or dysesthesias. The right upper extremity is nontender. The right foot is hypersensitive over the top of the foot and the great toe, with mild swelling present over the top of the foot. There is mild sweating present with minimal redness. The gait is

grossly unremarkable. The discussion/treatment plan states that this is a female who developed CRPS after an object dropped on her foot, breaking her toe while in the course of her usual work activities. She appears to be having spreading of the disease to the right and left hand and the right upper extremity to the right neck and the right half of her face which is a burning pain. There is a request for acupuncture and Clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.25mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Clonazepam 0.25mg, #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is documentation that the patient has been using Clonazepam well beyond the 4 week recommended period. The request for Clonazepam 0.25mg #30 is not medically necessary.

Acupuncture - Left Foot #8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture - Left Foot #8 sessions is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits. Additionally the documentation states that the patient has had prior acupuncture. It is unclear how many sessions of prior acupuncture the patient has had as well as functional outcomes from these sessions. For these reasons the request for acupuncture-left foot #8 sessions is not medically necessary.