

Case Number:	CM14-0034905		
Date Assigned:	06/23/2014	Date of Injury:	07/07/2008
Decision Date:	08/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for a traumatic amputation of a finger, major depressive disorder, chronic pain, brachial neuritis, reflex sympathetic dystrophy, and hand pain reportedly associated with an industrial injury of July 7, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; stellate ganglion block therapy; transfer of care to and from various providers in various specialties; opioid therapy; topical agents; and adjuvant medications. In a Utilization Review Report dated February 28, 2014, the claims administrator failed to approve or partially certified a variety of medications, including lidocaine, Lyrica, baclofen, clonidine, and Lidoderm patches. The applicant's attorney subsequently appealed. On August 29, 2013, the applicant reported persistent complaints of hypersensitivity about the left fourth digit at the site of the amputation. The applicant also had pain about the right elbow, right ring finger, and right little finger. The applicant was having difficulty with gripping, grasping, and squeezing activities. The applicant was not working, it was acknowledged. Hypersensitivity to touch was noted about numerous body parts. The applicant was asked to continue with pain management, psychiatry, and psychology while remaining off of work, on total temporary disability. In an October 10, 2013 progress note, the applicant was described as reporting 8-9/10 pain about the hands and digits, exacerbated by gripping, grasping, and lifting. The applicant was again placed off of work, on total temporary disability. It was stated that the applicant was considering a spinal cord stimulator. On February 3, 2014, the applicant had apparently transferred care to a new primary treating provider. The applicant was again placed off of work, on total temporary disability. The applicant was reporting 6/10 hand, wrist, and digit pain, exacerbated by gripping, grasping, lifting, pushing, and/or pulling. The applicant was having difficulty performing even personal self-care activities such as using the bathroom. Gripping and grasping were particularly

problematic, it was acknowledged. The applicant was given a primary diagnosis of complex regional pain syndrome of the left upper extremity status post a partially amputated digit. The applicant was placed off of work, on total temporary disability, on this occasion as well. There was no mention of how (or if) medication usage had proven beneficial here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% two times daily 35gr with 5 refills: 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 Lidocaine section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of topical lidocaine in applicants with neuropathic pain in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant had already seemingly been using the Lidoderm ointment in question. The applicant had, however, failed to effect any evidence of medication efficacy. The applicant remained off of work. The applicant continued to report pain complaints in the 7-8/10 range, despite ongoing use of Lidoderm patch. The applicant continued to report pain, paraesthesias, difficulty gripping and grasping, and hyperesthesias about the hand and digits in question. It does not appear, in short, that ongoing usage of Lidoderm ointment had effected any lasting benefit or functional improvement in terms of parameters established in Section 9792.20f. Therefore, the request is not medically necessary.

Lyrica 75mg 1-2 tablets three times daily #180 with 5 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic. MTUS 9792.20f Page(s): 99; 7.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lyrica or pregabalin, an anticonvulsant adjuvant medication, is considered a first-line treatment for neuropathic pain, as is present here with the applicant's phantom limb pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened as opposed to reduce, from visit to visit. The applicant is having difficulty performing even basic activities of daily living such as gripping, grasping, typing, writing, lifting, self-care, personal hygiene, etc. All of the above, taken together, suggest

a lack of functional improvement as defined in MTUS 9792.20f despite earlier, ongoing usage of Lyrica. Therefore, the request is not medically necessary.

Baclofen 10mg two times daily #60 with 5 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen section; MTUS 9792.20f Page(s): 64; 7.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity and multiple sclerosis related to muscle spasms and spinal cord injuries and can, moreover, be employed off label for neuropathic pain, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, as with the other medications, the attending provider has failed to document any evidence of medication efficacy so as to justify continuing the same. The applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened, as opposed to reduced, despite ongoing baclofen usage. The applicant remains reliant on opioid therapy in the form of OxyContin, despite ongoing usage of baclofen. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request is not medically necessary.

Clonidine 0.1mg two times daily #180 for a three months supply with 5 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines fro weaning: Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Medications topic; MTUS 9792.20f Page(s): 38; 7.

Decision rationale: While page 39 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin, TCAs, GABA-enhancing drugs, and clonidine, the medication at issue here, may be helpful in the management of chronic regional pain syndrome, the primary operating diagnosis here, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability despite ongoing usage of clonidine. The applicant's consumption of opioid medications, such as OxyContin, does not appear to have been markedly reduced, despite ongoing clonidine usage. The applicant is still having difficulty performing even basic activities of daily living such as gripping, grasping, lifting, carrying, performing self-care personal hygiene, etc., despite ongoing clonidine usage. All of the above, taken together, suggests a lack

of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of clonidine. Therefore, the request is not medically necessary.

Lidoderm patches #30 with 5 refills.: 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 Lidocaine section; MTUS 9792.20f Page(s): 112; 7.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine can be employed in the treatment of neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, this recommendation is qualified by comments made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, as with the other medications, there has been no clear demonstration of medication efficacy with ongoing Lidoderm patches. The applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened, as opposed to reduced, from visit to visit, despite ongoing usage of Lidoderm patches. The applicant appears to remain highly reliant and highly dependent on other forms of medical treatment, including numerous other oral medications. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Lidoderm patches. Therefore, the request is not medically necessary.