

<b>Case Number:</b>	CM14-0045534		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/29/2004
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 chronic low back and bilateral knee pain reportedly associated with an industrial injury of July 29, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; a spinal cord stimulator implantation; adjuvant medications, muscle relaxants and topical agents. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for a phenol 30% aqueous solution. The claims administrator stated that the request was being denied on the grounds that the medication in question was not covered in the MTUS or other medical treatment guidelines. The applicant was described as status post right lower extremity below the knee amputation with residual stump hypersensitivity, it was noted. In an August 14, 2013 progress note, the applicant was described as using Lyrica, Flexeril, and lidocaine cream for low back pain, right lower extremity pain, stump hypersensitivity, and chronic regional pain syndrome (CRPS). The applicant was again placed off of work, on total temporary disability. On May 7, 2014, the applicant was described as having ongoing complaints of lower extremity pain. The attending provider stated that he thought a stump revision would be helpful. The attending provider stated that he was discussing the possibility of a phenol block into the peroneal nerve and was, furthermore, also intent on performing a tibial osteotomy. The applicant was using Lyrica and Flexeril. The applicant was also asked to employ Sprix nasal spray. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenol injection 3% Aqueous solution.:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence - American Journal of Roentgenology, July 2008.

**Decision rationale:** The MTUS does not address the topic. As noted in the American Journal of Roentgenology (AJR), a high grade sonographically guided neurosclerosis procedure with phenol injection did have a significantly better outcome in terms of resolution of phantom limb pain. In this case, the applicant is having heightened pain complaints associated with his stump. A variety of the analgesic and adjuvant medications have seemingly been unsuccessful. The proposed phenol injection is indicated, appropriate, and supported by AJR. Therefore, the request is medically necessary.