

Case Number:	CM14-0046415		
Date Assigned:	07/02/2014	Date of Injury:	03/07/2002
Decision Date:	08/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/11/2014

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 Rehabilitation & Pain Management 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 46 year old with an injury date on 3/7/02. Patient complains of general upper extremity pain, left greater than right, left wrist pain, and inter-digit pain that feels like water running between my fingers per 2/27/14 report. Patient describes pain as constant, burning, throbbing, sharp, stiff, and rates pain as 6/10 per 8/20/13 report. Based on the 1/2/14 progress report provided by [REDACTED] the diagnoses are: 1. reflex sympathetic dystrophy 2. chronic pain syndrome Exam on 1/2/14 showed no hypothesias noted, no antalgic gait, no abnormalities with the skin, no guarding, no pain or abnormalities noted on sensory exam of upper and lower extremities. [REDACTED] is requesting 1 sensory nerve conduction threshold, 1 work capacity testing, 1 prescription of Lidoderm patches #60, 1 prescription of Geodon 20mg #30, 1 prescription of Gabapentin 400mg #120. The utilization review determination being challenged is dated 3/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/20/13 to 2/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Geodon 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG)- TWC, Mental Illness and Stress Chapter, Atypical Antipsychotics.

Decision rationale: This patient presents with left arm pain and left wrist pain. The treating physician has asked for 1 prescription of Geodon 20mg #30 on 1/2/14. Patient has been taking Geodon since 8/20/13. Regarding atypical antipsychotics, ODG does not recommend as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. Furthermore, patient has been taking Geodon for 5 months with no documentation of effect on pain and function. The request is not medically necessary.

1 Prescription of Gabapentin 400mg #120: 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), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs), pages 16-18.

Decision rationale: This patient presents with left arm pain and left wrist pain. The treating physician has asked for 1 prescription of Gabapentin 400mg #120 on 1/2/14. Patient is taking Gabapentin as of 8/20/13 report. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, patient has been taking Neurontin for 5 months but there is no documentation of an improvement in pain/function in relation to use of Neurontin. MTUS guidelines necessitate documentation of at least 30% functional improvement for ongoing use of anti-convulsants. The request is not medically necessary.

1 Prescription of Lidoderm Patches #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm® (Lidocaine Patch), pages 56-57; Topical Analgesics, pages 111-113.

Decision rationale: This patient presents with left arm pain and left wrist pain. The treating physician has asked for 1 prescription of Lidoderm patches #60 on 1/2/14. Patient has been using Lidoderm patches since 8/20/13. Regarding topical lidocaine, MTUS recommends it for localized peripheral pain, and for neuropathic pain, after other agents have been tried and failed. In this case, the patient presents with symptoms that are suggestive of RSD but examination is not telling. The treating physician does not explain how this patch is being used and with what effect. MTUS page 60 requires documentation of pain and function when medications are used

for chronic pain. The request is not medically necessary.

1 Sensory Nerve Conduction threshold: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12, Low Back Complaints, page 303.

Decision rationale: This patient presents with left arm pain and left wrist pain. The treating physician has asked for 1 sensory wave conduction threshold on 1/2/14. Review of the 1/2/14 report states diagnosis of RSD/CRPS not confirmed by exam. Regarding NCV for the Forearm, Wrist, and Hand, ACOEM states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. In this case, the treating physician has asked for 1 sensory nerve conduction threshold but patient does not present with any symptoms of radiculopathy. The treating physician does not explain what he is really asking for and nerve conduction threshold appears to be for nerve conduction studies, or electrodiagnostics. Review of the reports do not show that this patient has had electrodiagnostics and the request is reasonable given that the patient's diagnosis is not confirmed via examination. Therefore, the request is medically necessary.

1 Work capacity testing: 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), Pain (chronic), Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS ACOEM chapter 7, pages 137-138.

Decision rationale: This patient presents with left arm pain and left wrist pain. The treating physician has asked for 1 work capacity testing on 1/2/14. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. In this case, the treating physician has asked for 1 work capacity testing which is not indicated by ACOEM. The request is not medically necessary.