

Case Number:	CM14-0191769		
Date Assigned:	11/25/2014	Date of Injury:	05/20/2000
Decision Date:	01/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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:

Injured worker (IW) sustained an industrial injury on 03/20/2000. Diagnoses are listed as reflex sympathetic dystrophy (RSD, also known as complex regional pain syndrome or CRPS) of upper limb, intervertebral disc disorder with myelopathy unspecified region, intervertebral disc disorder with myelopathy lumbar region, radial styloid tenosynovitis, and unspecified neuralgia/neuritis/radiculitis. 10/29/14 office note documented complaints of neck pain and cervicogenic headaches, as well as complaints relating to CRPS in the right upper extremity. She was s/p right carpal tunnel release, deQuervain's release, and ulnar nerve transposition. A spinal cord stimulator (SCS) provided 40% pain relief. Trigger point injections (TPIs) along the neck and skull using Botox had provided good relief. Frequency of migraine headaches was reduced with injections. Topamax had been discontinued. She continued to require antidepressant medication, an NSAID, sleep medication, and analgesics. She was taking Neurontin for neuropathic pain. She was taking Imitrex for headaches and Prilosec for GERD. Drug screen had revealed metabolites of benzodiazepines, opiates, and tricyclic antidepressants. Pain medications were being slowly cut back. On exam, hypersensitivity and allodynia were present in the thumb and second digit. There was no mention of lidocaine in monthly office notes going back to 02/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE DISPENSED: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Topical Analgesics Page(s): 78-81, 111-113.

Decision rationale: Office notes document pain and allodynia affecting the fingers, with diagnosis of upper extremity CRPS. The treating physician is in the process of tapering opioid medications. MTUS criteria for use of opioids recommend (g) Continuing review of overall situation with regard to non-opioid means of pain control. Treatment with antiepilepsy agents and antidepressants is documented, as well as injections and spinal cord stimulation. Consideration of other non-opioid means of pain control is consistent with the guideline. MTUS recommends topical lidocaine as a second-line treatment for neuropathic pain following a trial of first-line medication. Presence of neuropathic pain and use of first-line medications are documented. While Lidoderm patch is the only form of topical lidocaine recommended by MTUS, use of a patch system is impractical for the fingers. A trial of topical lidocaine in a cream or gel form is medically necessary.