

Case Number:	CM14-0048612		
Date Assigned:	06/25/2014	Date of Injury:	02/26/2008
Decision Date:	12/15/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 injured worker is a 33-year-old female, who sustained an industrial-work injury on 2-26-08. She reported initial complaints of low back pain. The injured worker was diagnosed as having chronic lumbar radiculopathy, neuritis, lumbago, with suspected conversion to bilateral CRPS (Complex Regional Pain syndrome). Treatment to date has included medication. Currently, the injured worker complains of low back pain rated 10 out of 10 with pain and swelling and discoloration to the legs and feet. Medication included Norco and Lidoderm patches and trial of Keppra. Per the primary physician's progress report (PR-2) on 3-25-14, visit was to check results of Mexitil. She is presently not working. No objective findings were documented. On 3-20-15, medication was reported 'not working at all' (Keppra) with worsening of condition. On 2-27-15, Tizadine was documented as not working with symptoms of knee locking, unable to walk any reasonable distance, extreme pain with sitting, and getting relief when supine. Current plan of care includes trial with Mexitil and consultation. The Request for Authorization requested service to include Mexitil 150mg #90 and 1 Consultation with CRPS (Complex Regional Pain Syndrome) Specialist. The Utilization Review on 3-26-15 denied the request for Mexitil 150mg #90 and 1 Consultation with CRPS (Complex Regional Pain Syndrome) Specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mexitil 150mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Report of the American Academy of Neurology, the American Association of Neuromuscular and Electrodiagnostic Medicine, and the American Academy of Physical Medicine and Rehabilitation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Systemic Lidocaine or Mexiletine for Neuropathic Pain Am Fam Physician. 2006 Jul 1; 74 (1): 79.

Decision rationale: According to the referenced literature, Mexitil is a safe option for neuropathic pain when other options have failed. In this case, the claimant has CRPS and has failed 1st and 2nd line options. The MTUS guidelines state that the evidence for its use is not convincing. Although, there may not be strong evidence, the claimant has 10/10 pain and further guidance is sought to manage this with a specialist. The request to use Mexitil is medically necessary.

1 Consultation with CRPS (Complex Regional Pain Syndrome) Specialist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation office guidelines and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees, fitness for return to work. In this case, the claimant had failed conservative management for CRPS. Before instituting invasive procedures and further investigational protocols, the consultation with a pain management or specialist in CRPS specifically may be appropriate to allow for better pain control and function. Therefore, the request is medically necessary.