

Case Number:	CM15-0102236		
Date Assigned:	06/04/2015	Date of Injury:	12/13/2010
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 23-year-old female, who sustained an industrial injury on 12/13/10. She reported a right sided injury. The injured worker was diagnosed as having crush injury of upper extremity, right wrist sprain/strain, DeQuervain's tenosynovitis and sprain/strain forearm. Treatment to date has included oral medications (currently Naprosyn), physical therapy, right carpal tunnel release and home exercise program. Currently, the injured worker complains of severe pain in right arm rated 7/10, medication not helping. She is currently working. Physical exam noted shooting neurogenic pain in right upper extremity with palpation of right brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drug).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PAIN (Chronic), Ketorolac(Toradol).

Decision rationale: The requested Toradol 60mg IM, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), PAIN (Chronic), Ketorolac (Toradol) note that it is only recommended for short-term use in the treatment of acute pain and is not indicated in the treatment of minor or chronic pain. The injured worker has severe pain in right arm rated 7/10, medication not helping. She is currently working. Physical exam noted shooting neurogenic pain in right upper extremity with palpation of right brachial plexus. The treating physician has not documented the presence of an acute pain condition. The criteria noted above not having been met, Toradol 60mg IM is not medically necessary.

Lidopro Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111- 113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Lidopro Cream is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has severe pain in right arm rated 7/10, medication not helping. She is currently working. Physical exam noted shooting neurogenic pain in right upper extremity with palpation of right brachial plexus. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidopro Cream is not medically necessary.

TENS patch x 2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic,(transcutaneous electrical nerve stimulation), pages 114 - 116 Page(s): 114-116.

Decision rationale: The requested TENS patch x 2 pairs, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic,(transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration."The injured worker has severe pain in right arm rated 7/10, medication not helping. She is currently working. Physical exam noted shooting neurogenic pain in right upper extremity with palpation of right brachial plexus. The treating physician has not documented a current rehabilitation program,

nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS patch x 2 pairs is not medically necessary.