

Case Number:	CM15-0011542		
Date Assigned:	01/29/2015	Date of Injury:	03/22/2014
Decision Date:	04/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: Physical Medicine & Rehabilitation

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 50 year old male who sustained an industrial crush injury to the left hand, reported on 3/22/2014. He has reported burning and numbness in the 4th and 5th digits. The diagnoses have included closed fracture of distal phalanges of hand; and contracture of joint. Treatments to date have included consultations; diagnostic laboratory and imaging studies; surgery (3/14); capsulotomy and tenolysis with debridement of the left 4th and 5th digits; neurolysis of the 5th digit; 10 sessions of physical therapy; hand therapy (6/14); Kenalog injection therapy; and medication management. The work status classification for this injured worker (IW) was noted to be back at work on restricted duties. On 12/31/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/22/2014, for Therapeutic Putty for the left hand to promote strengthening; and Lidoderm 5% Transdermal Patch, daily, for 12 hours on and 12 hours off, cut in strips and applied to the fingers (not over any open sores), #30 with no refills. The Medical Treatment Utilization Schedule, chronic pain treatment guidelines, Lidocaine and neuropathic pain, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Putty for the left hand: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Ankle and Foot (Acute & Chronic)' and topic 'Exercise'.

Decision rationale: The 50 year old patient complains of burning pain and numbness in fourth and fifth digits, as per progress report dated 12/29/14. The request is THERAPEUTIC PUTTY FOR THE LEFT HAND. The RFA for the case is dated 12/22/14, and the patient's date of injury is 03/22/14. Diagnoses, as per progress report dated 12/29/14, included closed fracture of digital phalanges of hand and contracture of joint. The patient is also status post capsulotomy and tenolysis of the 4th and the 5th digits of the left hand. Medications, as per progress report dated 12/22/14, included Tramadol and Lidoderm patches. The patient has been allowed to work with restrictions, as per the same progress report. ODG guidelines, chapter 'Ankle and Foot (Acute & Chronic)' and topic 'Exercise', states that exercise is recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. ODG guidelines, chapter 'Knee and Leg (Acute & Chronic)' and topic 'Durable Medical Equipment', states that The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, the treating physician is requesting for therapeutic putty for the left hand in progress report dated 12/22/14 to improve function. The patient suffers from weakness and contracture in 3rd, 4th and 5th digits of the left hand, and therefore needs putty for strengthening, as per the same report. The current request IS medically necessary.

Lidoderm 5% patch #30 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The 50 year old patient complains of burning pain and numbness in fourth digit fifth digit, as per progress report dated 12/29/14. The request is LIDODERM 5% # 30 0 REFILLS. The RFA for the case is dated 12/22/14, and the patient's date of injury is 03/22/14. Diagnoses, as per progress report dated 12/29/14, included closed fracture of digital phalanges of hand and contracture of joint. The patient is also status post capsulotomy and tenolysis of the 4th and the 5th digits of the left hand. Medications, as per progress report dated 12/22/14, included Tramadol and Lidoderm patches. The patient has been allowed to work with restrictions, as per the same progress report. MTUS guidelines page 57 states, "topical Novocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line

therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that epidermal patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, Lidoderm patch was first prescribed in progress report dated 12/22/14. The treating physician recommends cutting the patch into strips and applying them on the fingers. However, there is no indication of neuropathic pain for which Lidoderm patch is indicated. Hence, the request IS NOT medically necessary.