

Case Number:	CM15-0165085		
Date Assigned:	09/02/2015	Date of Injury:	01/18/2014
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on 1-18-14. The injured worker is undergoing treatment for hand pain. Medical records dated 7-21-15 indicates the injured worker complains of increased right fifth finger pain rated 10 out of 10 at worst and 6 out of 10 at best. The average over the past 7 days has been 8 out of 10. He reports his activity level is the same but that medication is less effective. Physical exam notes 5th digit right hand swelling, hyperesthesia to light touch, decreased range of motion (ROM) and inability to close the fist. Treatment to date has included surgery, x-rays, physical therapy and medication. The original utilization review (7-30-15) indicates the request for Lidoderm patches and Gabapentin are certified and the requests for trazodone and phalanx steroid injection are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30: 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 (Insomnia Treatment).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for right hand pain due to a fifth finger crush injury that occurred while moving a heavy refrigerator. He underwent closed reduction with pinning of a phalangeal fracture in February 2014. In March 2015, a distal interphalangeal joint injection had been recommended if he remained symptomatic. When seen, medications were decreasing pain from 8/10 to 5/10. He was having difficulty sleeping with early awakening and was sleeping 3-4 hours per night and had poor daytime focus. Physical examination findings included a normal BMI. There was left fifth finger swelling with hyperesthesia and chronic nail changes with a smooth, glossy skin appearance. The surgical incision was well healed. There was decreased medial forearm sensation. Authorization for the injection and for trazodone for the treatment of insomnia was requested. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The request for Trazodone was not medically necessary.

Phalanx steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Injection.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for right hand pain due to a fifth finger crush injury that occurred while moving a heavy refrigerator. He underwent closed reduction with pinning of a phalangeal fracture in February 2014. In March 2015, a distal interphalangeal joint injection had been recommended if he remained symptomatic. When seen, medications were decreasing pain from 8/10 to 5/10. He was having difficulty sleeping with early awakening and was sleeping 3-4 hours per night and had poor daytime focus. Physical examination findings included a normal BMI. There was left fifth finger swelling with hyperesthesia and chronic nail changes with a smooth, glossy skin appearance. The surgical incision was well healed. There was decreased medial forearm sensation. Authorization for the injection and for trazodone for the treatment of insomnia was requested. An injection can be recommended for trigger finger or for deQuervain's tenosynovitis. In this case, the claimant has post-traumatic arthropathy affecting the fifth finger distal interphalangeal joint, which is not a recommended indication. The requested injection is not considered medically necessary.