

Case Number:	CM15-0210454		
Date Assigned:	10/29/2015	Date of Injury:	04/20/2012
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/26/2015

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 39 year old, male who sustained a work related injury on 4-20-12. A review of the medical records shows he is being treated for left arm pain. In the progress notes dated 8-12-15 and 9-22-15, the injured worker reports pain in his left arm. He has pain that radiates from fingers into shoulder. He is unable to open the fist. He rates the pain a 6 out of 10. He has pain in his left elbow. This pain radiates from wrist. He rates his pain level a 7 out of 10. On physical exam dated 9-22-15, left hand is painful with discoloration. Treatments have included left wrist surgery on 4-27-12, stellate ganglion block-no relief, physical therapy, and medications. Current medications include Lyrica, Neurontin, Duloxetine, Tramadol, Lidocaine patches, and Sinemet. He is not working. The treatment plan includes a request for a refill of Sinemet. The Request for Authorization dated 9-22-15 has a request for Sinemet 25-100mg. 1 tab twice a day, #60 with 3 refills. In the Utilization Review dated 10-12-15, the requested treatment of Sinemet 25-100mg. 1 tab twice a day, #60 with 3 refills is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sinemet 25-100mg 1 tab twice per day (30 days) #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sinemet prescribing information.

Decision rationale: The claimant sustained a work injury in April 2012 when he was getting up on a table and lost his balance and fell. He sustained a comminuted distal left radius fracture and underwent ORIF. He continues to be treated for chronic left upper extremity pain including a diagnosis of CRPS. A stellate ganglion block in 2012 was of no benefit. In March 2015 he was having arm pain with radiating symptoms from the fingers to the shoulder. He was having difficulty using his left hand and unable to open his fist. He had decreased strength and was having difficulty sleeping. Physical examination findings included decreased wrist strength and loss of distal forearm muscles. He was unable to open his fist. There was an otherwise normal examination. The assessment references contracture as well as focal dystonia. Sinemet was prescribed. In this case, whether the claimant has contractures or focal dystonia is not established. Physical examination of range of motion and limited needle EMG if needed would be expected to differentiate the two conditions. Treatment for contracture versus dystonia would be different and neither would be treated with Sinemet which is indicated for the treatment of Parkinson's disease which is not an established diagnosis for this claimant. Sinemet is not medically necessary.