

Case Number:	CM15-0045546		
Date Assigned:	03/17/2015	Date of Injury:	02/14/2007
Decision Date:	04/24/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/10/2015

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 was a 35-year-old male, who sustained an industrial injury, February 14, 2007. The injuries were sustained from a fall. The injured worker developed pain in the left shoulder, left wrist, and left elbow. The injured worker previously received the following treatments acupuncture, medicine management, Lyrica, Gabapentin, Lidoderm Patches, Elavil, Effexor, physical therapy, H-wave unit, psychological services and home exercise program. The injured worker was diagnosed with CRPS (complex regional pain syndrome) of the left upper extremity, dystrophy reflex sympathetic upper left extremity, pain in the joint of the forearm and status post left radial head fracture at the left elbow. According to progress note of March 12, 2015, the injured workers chief complaint was left upper extremity pain worse with activity. Over time the injured worker has developed CRPS (complex regional pain syndrome. The pain was interrupting the injured workers sleep. The increasing pain was causing emotional distress. The pain was radiating to the left side of the neck and entire left upper extremity. The left upper extremity was very sensitive to touch. The physical exam noted significant sensitivity in the left elbow and pain with range of motion. There was pain in the left wrist with decreased range of motion due to the pain. There was tenderness with palpation of the left wrist and diffuse swelling. There was allodynia in the left arm, worse over the elbow distally. The treatment plan included prescription renewals for Gabapentin and Lidoderm Patches, on March 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: This patient has a date of injury of 02/14/07 and presents with chronic upper extremity pain secondary to complex regional pain syndrome. The patient continues to note pain along the left side of the neck and entire left upper extremity. The current request is for GABAPENTIN 300MG #60 WITH 1 REFILL. The MTUS Guidelines has the following regarding Gabapentin on page 18 and 19, "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia, and has been considered as a first-line treatment of neuropathic pain." This medication is listed as a current medication for this patient since 05/15/14. Progress reports from 05/15/14 through 01/28/15 were reviewed. It appears the patient has been prescribed this medication without any documentation of medication efficacy in terms of decrease in pain and increase in function. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.

Lidoderm 5% patch #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112.

Decision rationale: This patient has a date of injury of 02/14/07 and presents with chronic upper extremity pain secondary to complex regional pain syndrome. The patient continues to note pain along the left side of the neck and entire left upper extremity. The current request is for LIDODERM 5% PATCH #90 WITH 4 REFILLS. The MTUS Guidelines page 57 states, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of trial of first line therapy - tricyclic or SNRI, antidepressants, or AED such as gabapentin or Lyrica." The MTUS page 112 also states, "Recommended for localized peripheral pain." The patient does not present with peripheral and localized neuropathic pain. The patient has neck pain with radiating upper extremity symptoms. This is not a localized neuropathic pain amenable to topical Lidocaine patches. Furthermore, there is no evidence of trial and failure of anti-depressant or AED medications as required by MTUS. The request IS NOT medically necessary.

