

Case Number:	CM14-0214779		
Date Assigned:	01/07/2015	Date of Injury:	02/06/1981
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/22/2014

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female who got injured on 2/6/1981. The injured worker was in the course of her usual duties taking a patient to the bathroom when she slipped and fell while trying to catch the patient who was falling, she ended up with a fracture of her left humerus that healed with a non-union. She has had a very complicated recovery and was diagnosed with Complex Regional Pain Syndrome. Her management has included a surgical sympathectomy, a morphine pump that was complicated by infection and subsequently removed, about six or seven surgical procedures on her left humerus and in 2005 underwent placement of a shoulder prosthesis and a total humeral head transection. She was getting stellate ganglion blocks in the left cervical region on a monthly basis to down regulate extreme bursts of pain, she ultimately had a spinal cord stimulator implanted. She continues to have ongoing pain. Her EMG and Nerve conduction studies reveal 50% loss of median, radial and ulnar nerve sensory and motor function believed to be due to repetitive injury at the proximal humeral level and mid humeral level. On 11/11/14 she followed up with her treating physician. It was reported that she was in acute pain left shoulder, she had a bone infection and had been placed on 30 days penicillin by the orthopedist. Her physical exam was positive for limited abduction to 30 degrees, pain with slightest touch to left shoulder, trapezius, neck had a full range of motion and patient was described as very uncomfortable. She was diagnosed as having proximal humerus bone infection and reflex sympathetic dystrophy flare. Her medication regimen includes methadone, Percocet, baclofen, Zyprexa, zolpidem, fentora and toradol. The request is for Mexitil 200mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mexitil 200mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 41-42.

Decision rationale: Per the MTUS, Mexiletine has been used in the treatment of CRPS but its efficacy is not convincing. For central inhibition of stimulus-independent pain opiates, gabapentin, TCA's, GABA enhancing drugs, and clonidine may be useful. Mexitil is an anti-arrhythmic that has been considered for the treatment of neuropathic pain especially diabetic neuropathy but its effectiveness is yet to be established, it is not recommended as a first line drug. A review of the patients medical records does reveal that she has CRPS however there is no documentation of a trial of first line drugs like anticonvulsants and antidepressants in the medical records that are available to me and therefore based on the guidelines mexitil is not medically necessary at this time.