

Case Number:	CM14-0095601		
Date Assigned:	07/25/2014	Date of Injury:	04/16/1999
Decision Date:	06/17/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 42 year old female, who sustained an industrial injury on 4/16/99. She reported initial complaints of right hand injury. The injured worker was diagnosed as having status post, multiple right upper extremity surgical intervention; RSD, late stage of resolution. Treatment to date has included multiple surgical intervention; Ketamine Infusion therapy; stellate ganglion block (11/24/14); urine drug screening; medications. Currently, the PR-2 notes dated 3/31/14 indicated the injured worker is at this office on this date for a diagnosis of complex regional pain syndrome of the right upper extremity. Her pain is rated 6/10, hands are cold, very painful to grip anything, grip strength is down to 25%, lots of pain in the elbow, and the pain runs all the way down from the shoulder. This provider is attempting to get further ketamine infusions that have been denied. All modalities he notes have failed and the next step in treatment he notes would be a spinal cord stimulator for pain in the right arm. She is a Status post right carpal tunnel release (6/2000); right wrist repair of torn tendon (1/2001); right wrist reconstruction extensor retinaculum for extensor pollicis longus; De Quervain's release (6/6/01); removal of stitches (2005). The provider has requested Methylprednisolone 4mg #42 with 3 refills and Lidocaine Patch 5% #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone 4mg #42 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: CA MTUS/ACOEM Guidelines do not address the use of oral corticosteroids in the treatment of chronic pain. FDA guidelines do not recommend steroids for the treatment of patients with chronic pain. Significant adverse effects have been reported with the use of corticosteroids. Therefore this request is deemed not medically necessary.

Lidocaine Patch 5% #30 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The CA MTUS states that lidocaine in the form of a dermal patch is indicated for neuropathic pain. In this case the patient has been diagnosed with Complex Regional Pain Syndrome and has failed every modality offered to her in treatment of her chronic right upper extremity pain. The patient is now being considered for a neural stimulator as a last resort treatment. This request for lidocaine dermal patches is considered medically necessary according to the Chronic Pain Guidelines.