

Case Number:	CM15-0115459		
Date Assigned:	06/23/2015	Date of Injury:	08/16/2011
Decision Date:	07/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York
 Certification(s)/Specialty: Neurological Surgery

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 46 year old male who sustained a work related injury August 16, 2011. Past history included s/p bilateral cubital tunnel release, s/p bilateral carpal tunnel release. According to a primary treating physician's progress report, dated May 12, 2015, the injured worker presented for re-evaluation of bilateral elbow, wrist, and knuckles, left worse than right, pain. He has failed with gabapentin and Lyrica. The SCS (spinal cord stimulator) is not helping his pain, so he is not using it. Physical examinations revealed; upper extremity muscle spasms, bilateral shoulder range of motion restricted in all directions, bilateral upper extremity range of motion decreased by 30%, sensation reduced to touch in the left arm and bilateral upper extremity. Diagnoses are s/p left ulnar transposition revision surgery 12/03.2014; complex regional pain syndrome of the bilateral upper extremity; bilateral wrist and elbow pain; bilateral ulnar neuropathy/neuritis; asthma; psoriasis; depression; anxiety. At issue, is the request for authorization for Trazodone, Oxycontin, Lidoderm, and surgical explant of SCS implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30 with 2 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 (ODG), Treatment Index, 11th Edition (web), 2013, Mental Illness and Stress Chapter, Trazadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter-Trazodone.

Decision rationale: The ODG guidelines do recommend Trazodone as an option for insomnia in those patients with coexisting mild psychiatric symptoms of depression and anxiety. Documentation does not offer evidence about sleep difficulty with descriptions of whether sleep initiation or latency is the problem, or whether there are cyclic episodes of wakefulness or restfulness. The wake time after sleep initiation is not mentioned nor the quality of the sleep but the documentation only states patient gets four additional hours of sleep with the medication. The requested treatment: Trazodone 50mg #30 with 2 refills is not medically necessary or appropriate.

Oxycontin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long- term users of opioids Page(s): 88.

Decision rationale: The California MTUS guidelines recommend that the patient's pain and functional improvement be documented and compared to baseline. The documentation shows no changes for example in January, February and March of 2015 as progress note statements are the same. The patient's activities in relation to the medication taken are not annotated. He has not returned to work. The requested treatment: Oxycontin 30mg #90 is not medically necessary or appropriate.

Lidoderm 5% patch #60 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend Lidocaine as an option for neuropathic pain for localized peripheral pain after a trial of first-line therapy. The guidelines note the patch would be applied locally to painful areas. The guidelines also note they are largely experimental in use. They note that Lidoderm has been designated for orphan status by the FDA. The guidelines also note that further research is needed to recommend the treatment for chronic neuropathic pain. The requested treatment: Lidoderm 5% patch #60 with 2 refills is not medically necessary or appropriate.

Surgical explant of SCS implant (removal of the IPG Battery): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the

MTUS. Decision based on Non-MTUS Citation_
http://www.medscape.com/viewarticle/554863_3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Hardware implant removal.

Decision rationale: The ODG guidelines do recommend hardware removal if it is broken, infected or found to be a pain generator. The patient notes the spinal cord stimulator is not being used, but it is not infected or noted to be a pain generator. The operation to remove it would entail anesthesia and risk. The requested treatment: Surgical explant of SCS implant (removal of the IPG Battery) is not medically necessary or appropriate.