

Case Number:	CM15-0123823		
Date Assigned:	07/08/2015	Date of Injury:	07/09/2014
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/26/2015

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 51 year old male patient who sustained an industrial injury on 07/09/2014. The accident was described as while working installing copper piping through a rooftop the copper piping contacted electrical power lines causing electrocution and resulting injuries. The patient underwent multiple skin grafts and endured a 13-day hospitalization. A primary treating office visit dated 11/12/2014 reported subjective chief complaint of having left sided neck pain radiating into the shoulder down into the left hand with associated bilateral hand pain, numbness. In addition to having low back and bilateral buttock pain that radiates into the left leg. Current medications are: Percocet 10/325mg one tab QID, Lyrica, Ibuprofen, and Lorazepam. The following diagnoses were applied: electrocution injury worse; cervical spine strain/sprain and myofascial pain, worse; left cervical brachial myofascial pain syndrome/ brachial neuritis, worse; left shoulder strain myofascial pain and adhesive capsulitis; left upper extremity neuropathic/early complex regional pain syndrome, worse; right upper extremity neuropathic pain, worse; myofascial pain, worse; lumbar spine strain/sprain/myofascial pain, worse; left leg neuropathic pain/early complex regional pain syndrome, worse; chronic pain syndrome, worse; right hand burn status post graft, stable, and buttocks burn status post graft, stable. The plan of care noted proceeding with occupational therapy, trial of Pamelor, continue medications: Percocet, Lyrica. The patient is to remain temporary totally disabled and remain off from work through 12/12/2014. A more recent primary visit dated 02/06/2015 showed current medication regimen to include: Lyrica, Pamelor, Relafen, and Lidoderm patches. The treating diagnoses remain unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg Qty 90 X1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained an electrocution work-related injury and July 2014 and continues to be treated for neck, left arm, and left leg pain. When seen, pain was rated at 8-9/10. He was having constant symptoms. He was having difficulty sleeping due to pain. There was cervical and lumbar spine tenderness with decreased range of motion. There was pain with left lower extremity and bilateral upper extremity range of motion. There was diffuse upper extremity tenderness. Motrin and Lidoderm were refilled. A trial of trazodone 50 mg 1-2 QHS #60 for chronic pain and insomnia was requested. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of Motrin (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.

Trazodone 50mg Qty 60 X1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, page 1345.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Trazodone Prescribing Information.

Decision rationale: The claimant sustained an electrocution work-related injury and July 2014 and continues to be treated for neck, left arm, and left leg pain. When seen, pain was rated at 8-9/10. He was having constant symptoms. He was having difficulty sleeping due to pain. There was cervical and lumbar spine tenderness with decreased range of motion. There was pain with left lower extremity and bilateral upper extremity range of motion. There was diffuse upper extremity tenderness. Motrin and Lidoderm were refilled. A trial of trazodone 50 mg 1-2 QHS #60 for chronic pain and insomnia was requested. Trazodone is an antidepressant medication. This class of medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. However, the recommended starting dose is 150 mg in divided doses daily. In this case, the dose being prescribed is below that recommended for an adult patient. There are no reported adverse medication side effects that would prevent a titration of the claimant's dose and Trazodone 50 mg, #60 was not medically necessary. In terms of insomnia, treatment should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant has difficulty sleeping due to pain. He has secondary insomnia, which should be treated. Prescribing trazodone for insomnia is not medically necessary for this reason as well.

Lidoderm Patch 5 Percent Qty 60 X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained an electrocution work-related injury and July 2014 and continues to be treated for neck, left arm, and left leg pain. When seen, pain was rated at 8-9/10. He was having constant symptoms. He was having difficulty sleeping due to pain. There was cervical and lumbar spine tenderness with decreased range of motion. There was pain with left lower extremity and bilateral upper extremity range of motion. There was diffuse upper extremity tenderness. Motrin and Lidoderm were refilled. A trial of trazodone 50 mg 1-2 QHS #60 for chronic pain and insomnia was requested. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.