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| Case Number: | CM15-0070102 | | |
| Date Assigned: | 04/20/2015 | Date of Injury: | 09/20/2001 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 04/14/2015 |

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: Texas, New York, California
 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 applicant is a represented 73-year-old who has filed a claim for chronic wrist and shoulder pain reportedly associated with an industrial injury of September 20, 2001. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve requests for Lidoderm patches and a wrist brace while apparently approving a request for Celebrex. The claims administrator referenced a March 20, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 20, 2014, the applicant reported ongoing complaints of shoulder and wrist pain. A replacement wrist brace was proposed. The note was very difficult to follow and not altogether legible. The bulk of the information on file comprised of discussion of the applicant's shoulder issues. There was comparatively little-to-no mention made of the applicant's wrist issues. The applicant was using Celebrex, Lidoderm patches, Synthroid, baby aspirin, Zestril, and potassium, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Brace: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266; 272.

Decision rationale: No, the proposed left wrist brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, prolonged splinting often leads to weakness and stiffness. ACOEM Chapter 11, page 266 further notes that any splinting or limitations placed on hand, wrist, and forearm activities should not interfere with total body activity in a major way. ACOEM Chapter 11, page 266 also notes that maximizing activities is imperative once red flags have been ruled out. Here, it was not clearly stated for what purpose and/or what diagnosis the wrist brace in question was intended for. It was not clearly stated why the wrist brace was being introduced so late in the course of the claim. It was not stated for what diagnosis the splint was intended. It was not clearly established how (or if) splinting/bracing would have been benefitted the applicant here. Therefore, the request was not medically necessary.

Lidoderm Patch 5 Percent, 1 Bil Sho Every Night x 12 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Pain Mechanisms Page(s): 112; 3.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having any issues with antidepressant adjuvant medication failure and/or anticonvulsant adjuvant failure prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Similarly, the March 23, 2015 progress note in question did not contain any mention of neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by symptoms such as lancinating, electric shock like, tingling, numbing, and burning sensations. Rather, the applicant was described as having issues with mechanical wrist and shoulder pain. Thus, the request for topical lidocaine patches was not indicated (a) the applicant did not appear to have neuropathic pain complaints and (b) the applicant did not appear to have failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications. Therefore, the request was not medically necessary.