MAXIMUS Federal Services

Case Number:	CM15-0091609		
Date Assigned:	05/18/2015	Date of Injury:	05/15/2013
Decision Date:	06/17/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/12/2015

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: Connecticut, California, Virginia
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 32 year old male, who sustained an industrial injury on May 15, 2013. He reported a compression injury to his right hand as a refrigerator door closed. The injured worker was diagnosed as having status post right hand crush injury with microfractures along the right long and ring metacarpals with subsequent right upper extremity neuropathic pain, likely sympathetically medicated, right radial neuritis with negative electromyography (EMG), opiate tolerance status post detoxification, eosinophilia, depression and anxiety, Vitamin D deficiency, and tobacco use. Treatment to date has included stellate ganglion blocks, physical therapy, a detoxification program, a functional restoration program, EKG, splinting, MRI, TENS, cognitive behavioral therapy, and medication. Currently, the injured worker complains of right hand pain. The Treating Physician's report dated April 15, 2015, noted the injured worker had a stellate ganglion block on the right side the day prior, yet to have relief. The injured worker was noted to be using Oxycodone, Celexa, and Terocin patches. The physical examination was noted to show the injured worker appeared distressed, with continued allodynia in the right upper extremity, with a PHQ-9 score indicating severe depression. The treatment plan was noted to include requests for authorization for Terocin patches, an EKG before starting Methadone, a requested right medial tunnel injection, consideration of Topamax, and Lunesta dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, 1-2 x daily: Upheld

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

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

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Terocin contains the following active ingredients: Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities makes the requested treatment is not medically necessary.

EKG: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: The CA MTUS does not specifically address EKG as a prerequisite for use of Methadone in chronic pain, however, the ODG states that there is no current evidence to firmly advise EKG monitoring when prescribing methadone. More importantly, however, the provided documents do not provide sufficient evidence to support the use of methadone in this case. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. In this case, it does not appear that methadone is clearly warranted, and therefore, EKG prior to use of methadone is not medically appropriate.

Lunesta 3mg q h.s. as needed #30: 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.

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.

Decision rationale: The CA MTUS does not specifically address use of Lunesta; therefore the ODG provides the preferred mechanism for assessment of clinical necessity in this case. The ODG recommends limiting use of hypnotics like Lunesta to three weeks maximum in the first two months of injury only, and discourages use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence that the patient is benefiting from the medication based on the provided medical records, and therefore the request is not medically necessary at this time.