

<b>Case Number:</b>	CM15-0092640		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: California

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 29 year old male who sustained a work related injury December 12, 2013. While working with a table saw, he cut his thumb. According to the doctor's first report of occupational injury or illness, dated December 12, 2013, the injured worker presented in the emergency department with a laceration through the distal phalanx of the thumb, right hand. The distal phalanx is barely attached by subcutaneous tissue and ligaments only, at the distal interphalangeal joint. X-ray reveals a fracture of the distal phalanx of the thumb. Diagnosis was documented as incomplete amputation of the right thumb and dorsal laceration of the right index finger. He underwent an open reduction and internal fixation, digital nerve repair, laceration repair right thumb, and extensor tendon repair and laceration repair of right ring finger, December 13, 2013. According to a pain medicine physician's progress report, dated April 22, 2015, the injured worker presented with right handed pain, rated 6/10, while he is working, with throbbing in the thumb and middle finger. Diagnoses are pain in limb; reflex sympathetic dystrophy of upper limb. Treatment plan included a request for authorization for (3) left stellate blocks and Lidoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches #30:** 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 Lidocaine Page(s): 112.

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Although the diagnosis of CRPS is a localized neuropathic hypersensitization disorder, there should be documentation of failure of first line neuropathic pain agents. Instead, the progress note from April 22, 2015 indicates in the treatment plan that the addition of neuropathic agents will be considered. As such, the currently requested Lidoderm is not medically necessary.

**3 left stellate blocks:** 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), Pain Chapter, Sympathetic Block.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks.

**Decision rationale:** Regarding the request for stellate ganglion injections, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, there is a request for a series of 3 blocks. No prior blocks are mentioned and there is no documentation that an appropriate diagnostic block with subsequent skin measurement, and motor and sensory testing, has been performed. Given this, it is a diagnostic block and a series of 3 is not warranted. The IMR process does not modify request, and the currently requested stellate ganglion injections are not medically necessary.