

Case Number:	CM15-0095156		
Date Assigned:	05/21/2015	Date of Injury:	04/04/1996
Decision Date:	06/26/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency 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 61 year old male, who sustained an industrial injury on 04/04/1996. He has reported injury to the neck and left upper extremity. The diagnoses have included complex regional pain syndrome left upper extremity; reflex sympathetic dystrophy of the upper limb; brachial neuritis; cervical spondylosis; and status post cervical laminectomy. Treatment to date has included medications, diagnostics, injections, spinal cord stimulator implantation, left stellate ganglion sympathetic block, and surgical intervention. Medications have included Celebrex, Potassium chloride, Nucynta, Zanaflex, Lexapro, and Lasix. Documentation provided is very poor. Providers have only dealt with pain related complaints and have not documented any of patient's medical problems or documented function or psychiatric issues, a progress note from the treating physician, dated 03/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck and left-sided extremity pain; headaches; lumbar pain; pain level is reported as 7-10/10 on the pain scale without medications, and rated 5- 9/10 with medications; the pain is constant and is increased by moving; and pain is decreased by medication. Objective findings included tenderness to palpation of the cervical paraspinal muscles; decreased range of motion of the cervical spine; the left axilla spinal pulse generator has extreme tenderness to palpation; and the implant is rotated ninety degrees to skin, so is protruding and causing pain, with visible abnormality and ecchymosis present. The treatment plan has included the request for Potassium chloride 20 mcg #120; Lexapro 10 mg #30; and Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Potassium chloride 20 mcg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com, potassium chloride.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lederer E. et al. Hypokalemia(Updated: Apr 27, 2014)<http://emedicine.medscape.com/article/242008-overview>.

Decision rationale: MTUS Chronic pain, ACOEM or Official Disability Guidelines do not deal with this topic. Potassium supplementation are recommended in certain medical conditions that could lead to low potassium or medications that may cause low potassium. The medical providers treating the patient have failed to document any medical problems the patient has. Pt is not to be on Lasix and Zaroxolyn both of which are used for high blood pressure, congestive heart failure and renal failure. Both medications can cause potassium loss. Without documentation of patient's medical problems, lab testing or patient's renal function or potassium level, it is not safe to continue potassium supplementation. Taking potassium with renal failure could lead to fatal cardiac arrhythmia. The lack of documentation does not support potassium chloride. The request is not medically necessary.

Lexapro 10 mg #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 (ODG), escitalopram.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Lexapro or escitalopram is a type of SSRI anti-depressant medication. Note states that Lexapro was specifically for patient's neuropathic pain and not for his depression/anxiety. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. However, except for tricyclic antidepressants, evidence does not support its use in back pain. There is also little evidence to support its use for radicular pain. SSRIs are a 3rd line medication. There is no documentation of any objective improvement in pain or function on this medication. The request for Lexapro is not medically necessary.

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. It may be considered after failure of 1st line treatment. Providers have failed to document any medication treatment failure. Lidocaine patch is not medically necessary.