

Case Number:	CM13-0001146		
Date Assigned:	06/16/2014	Date of Injury:	06/16/1991
Decision Date:	07/28/2014	UR Denial Date:	06/10/2013
Priority:	Standard	Application Received:	07/10/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year old male with a date of injury of 6/16/91. Subsequent to his injury, he has developed post laminectomy syndrome with severe lower extremity neuropathic pain. His diagnosis has included CRPS syndrome of the right lower extremity. He wears an AFO brace due to gait disturbance from his back injury. He is currently treated with multiple oral analgesics including adjuvant medications to specifically treat neuropathic pain. The past year's worth of narratives are available for review; however, they do not specifically document the lower extremity findings other than to document there are no changes and note a severe antalgic gait. Earlier records when the CRPS diagnosis was made are not available. An appeal by the treating physician for medication approval was included in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORVASC 5 MG. # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complex Regional Pain Syndrome after Hand Surgery, by Zhongyu, Li, MD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neuropathic Pain: Emerging Treatments: <http://bj.oxfordjournals.org/content/101/1/48.full>, and Reversal of Experimental Neuropathic

pain with T- Calcium Channel Blockers:

<http://www.sciencedirect.com/science/article/pii/S0304395903001775>.

Decision rationale: The prior U.R. acknowledged that Norvasc can be utilized for CRPS syndrome, but denied the medication based on the lack of documented CRPS signs on physical exam. The records reviewed document no changes in exam findings, but these records do not extend back to the initial diagnosis or to the initial exam findings of the current treating physician. The denial appears to be based on the review of an inadequate time span of medical records. In addition, even if there were not signs of CRPS, at a minimum it is clear that the patient has a severe neuropathic pain syndrome and Calcium Channel Blockers (Norvasc) is a reasonable medication to be utilized for this diagnosis. MTUS Guidelines do not address this Class of Medications, but there is a large literature base that supports its use in these circumstances. The Norvasc is medically reasonable.