

Case Number:	CM13-0003542		
Date Assigned:	03/21/2014	Date of Injury:	04/26/2002
Decision Date:	04/29/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This patient is a 52-year-old female with date of injury of 04/26/2002. Per [REDACTED] Utilization Review report 07/17/2013, listed diagnoses are: 1. Complex regional pain syndrome of the right upper extremity. 2. Adhesive capsulitis of the right shoulder. 3. Dysphagia with weight loss. 4. Sleep disturbance. Final Determination Letter for IMR Case Number [REDACTED]. The patient is status post superior labral lesion and subsequent surgery for right shoulder adhesive capsulitis, date unknown. Despite review of reports from 01/07/2013 to 07/10/2013, treating physician's report describing the reason for hip joint specialist was unable to be located. Report from 07/10/2013 by [REDACTED] states the patient had right stellate ganglion block and also underwent thoracic interlaminar epidural steroid injection with complete return of the pain now. The patient had esophagram from 09/06/2012 with findings of abnormal esophageal motility including esophagopharyngeal reflux. The patient is trying hard to increase the caloric intake to gain weight. The patient apparently is only 83 pounds. This report has no examination. Listed diagnoses do not include any problems of the joint. Report from 07/01/2013 by [REDACTED] has chief complaint of right upper extremity pain. Reports indicate that the medications "take the edge off."

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A HIP SPECIALIST(RIGHT HIP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 7, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 2ND EDITION 2004, PAGE 127.

Decision rationale: This patient presents with chronic right upper extremity pain with what appears to be diagnosis of CRPS. One of the reports indicates sequelae of traumatic brain injury (02/04/2013). There is a request for consultation with a hip specialist. However, despite review of reports from 01/07/2013 to 07/10/2013, that included about 20 separate reports, there is not a single mention of hip problems. There is no report or discussion regarding hip specialist consultation or any reason for it. ACOEM Guidelines do support referrals to specialists. However, the reason for the request must be provided. In this case, listed diagnosis include upper extremity particularly CRPS. None of the diagnosis listed any problems with hip joint or hip area. Without such documentation, the request cannot be recommended for authorization. Recommendation is for denial.

CYMBALTA 60MG #124: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYMBALTA..

Decision rationale: This patient presents with CRPS of the right upper extremity. The patient has had numerous sympathetic blocks, according to one report some 30 blocks with "minor relief." The patient has been on Cymbalta. Unfortunately, none of the reports describe how this patient has done with Cymbalta. One of the reports dated 02/08/2013 indicates that the patient complains about how the medications are not being authorized and even the primary care treater's visitation or followups have not been authorized. MTUS Guidelines support the use of Cymbalta for chronic regional pain syndrome, depression and anxiety, and also for neuropathic pain. Given this patient's chronic regional pain syndrome, I think it is reasonable to have the patient continue the Cymbalta at the prescribed dose. I would mention that none of the reports really talk about how Cymbalta has been effective and MTUS does require such documentation. Recommendation is for authorization.

OXYCODONE HCL 10MG #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC TRIAL OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG TERM OPIOIDS Page(s): 88-89.

Decision rationale: This patient presents with chronic right upper extremity pain with chronic regional pain syndrome. There is a prescription for oxycodone. This medication has been prescribed on a monthly basis through year 2013. About 20 reports from 01/07/2013 to 07/10/2013 were reviewed. Unfortunately, none of the reports discuss how this medication has been helpful. There is not a single mention of before and after pain measures. There is no discussion of activities of daily living, analgesia from these medications. There is no discussion regarding adverse effects or aberrant behavior. The primary treating physician, [REDACTED], who is an orthopedist apparently has asked for pain management specialist which has not been arranged or has been repeatedly denied. The primary treating physician appears to be quite confused about how to manage this case. However, being a prescriber for oxycodone, he does not mention how this medication helps this patient in his reports. There is not a single mention of before and after pain measures. No mention of how this medication has helped with the patient's activities of daily living. MTUS Guidelines require documentation of pain and function when using chronic opiates. It also requires use of numeric scale to denote the function and pain once at least every 6 months. Outcome measures are also required for documentation. In this case, none of these documentations have been provided. Recommendation is for denial and slow weaning of the medication.

NUCYNTA 100MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC TRIAL OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN MEDICAL TREATMENT Page(s): 88-89.

Decision rationale: This patient presents with chronic right upper extremity pain with chronic regional pain syndrome. There is a prescription for Nucynta. This medication has been prescribed on a monthly basis through year 2013. About 20 reports from 01/07/2013 to 07/10/2013 were reviewed. Unfortunately, none of the reports discuss how this medication has been helpful. There is not a single mention of before and after pain measures. There is no discussion of activities of daily living, analgesia from these medications. There is no discussion regarding adverse effects or aberrant behavior. The primary treating physician, [REDACTED], who is an orthopedist apparently has asked for pain management specialist which have not been arranged or repeatedly denied. The primary treating physician appears to be quite confused about how to manage this case. However, being a prescriber for Nucynta, he does not mention how this medication helps this patient in his reports. There is not a single mention of before and after pain measures. No mention of how this medication has helped with the patient's activities of daily living. MTUS Guidelines require documentation of pain and function when using chronic opiates. It also requires use of numeric scale to denote the function and pain once at least every 6 months. Outcome measures are also required for documentation. In this case, none of these documentations have been provided. Recommendation is for denial and slow weaning of the medication.

DIAZEPAM 10MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This patient presents with chronic regional pain syndrome. There is a prescription for diazepam 10 mg. Most of the reports from January to July of 2013 include diazepam and this medication appears to have been used on a long term basis. MTUS Guidelines do not support long term use of Valium. Only short term use is recommended due to its addiction potential. Given the long term use of this medication, recommendation is for denial.

SOMA 350MG #124: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: This patient presents with chronic regional pain syndrome of the right upper extremity. There is a prescription for Soma. MTUS Guidelines do not recommend the use of Soma, and if it to be used, only for a short term basis. The treating physician does not provide any discussion as to why this medication is used on a long term basis and with what if any benefit. Given the lack of support from MTUS Guidelines, recommendation is for denial.

COLACE 100MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 77.

Decision rationale: This patient presents with chronic pain syndrome, has been on chronic opiates. MTUS Guidelines support prophylactic use of medications for constipation associated with chronic opiates use. Recommendation is for authorization.

TRAMADOL 50MG #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC TRIAL OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 113.

Decision rationale: This patient presents with chronic regional pain syndrome in the right upper extremity. There is a prescription for tramadol. However, none of the reports describe how this medication made a difference in this patient's function or pain. Despite review of the reports from 01/07/2013 to 07/10/2013, there is not a single report that discusses before and after pain scale denoting pain assessment or functional assessment. MTUS Guidelines require documentation of analgesia, activities of daily living, adverse effects, and adverse behavior when opiates are used on a chronic basis. Tramadol is considered a synthetic opiate. Given the lack of any documentation regarding pain reduction, or significant functional change related to use of tramadol, recommendation is for denial.

LIDODERM PATCH #90: Upheld

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

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

Decision rationale: This patient presents with chronic regional pain syndrome. There is a prescription for Lidoderm patches. Review of the reports show that this patient has been on Lidoderm patch for quite some time. Reports were reviewed from 01/07/2013 to 07/10/2013. While the current listed medications include Lidoderm patches, the treating physician does not provide any single discussion as to how these patches were used, where they are placed and with what effect. MTUS Guidelines do support Lidoderm patches for neuropathic pain or localized peripheral neuropathic pain. Given this patient's chronic regional pain syndrome, use of Lidoderm patches may be appropriate. However, the treating physician does not indicate any efficacy from use of Lidoderm patches. MTUS Guidelines page 60 indicates that for chronic pain and medication use, pain assessment and function must be documented. Given the lack of any documentation regarding Lidoderm patches' efficacy, recommendation is for denial.