

Case Number:	CM13-0007715		
Date Assigned:	01/03/2014	Date of Injury:	07/01/1997
Decision Date:	03/24/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant presents with bilateral upper extremity pain, bilateral lower extremity pain and generalized body pain following a work related injury on 7/1/1997. The claimant presented on 1/02/1997 complaining of increased overall total body pain, poor sleep and decreased activity level. According to the providers notes the claimant had been taking her medications as prescribed and reported that the medications work well without side effects. The claimant reported that she had increased burning and pain in feet exacerbated by walking as well as spreading of her reflex sympathetic dystrophy. The claimant's medications include Lidoderm 5% patch, Trazodone, Effexor XR 75mg, Oxycontin 80mg twice per day, Etodolac 300mg twice per day, Gabapentin 300 mg four times per day, Norco 10/325mg three times per day, and Terocin. The claimant had a stellate ganglion block on 6/16/2008 with excellent but temporary relief following additional blocks on 8/2/2008 and 8/29/2008. The claimant also had spinal cord stimulator trial but reported that the pain is worse and an intrathecal pump for which she was allergic to the medication. The physical exam was significant for antalgic gait that was slow and assisted by a cane, restricted movement of the right shoulder with flexion limited to 40 degrees limited by pain, extension limited to 10 degrees, abduction limited to 40 degrees limited by pain and adduction limited to 10 degrees and external rotation limited to 25 degrees limited by pain, tenderness on palpation generalized over the entire shoulder, tenderness to palpation over the lateral epicondyle, medial epicondyle and olecranon process, dyesthesias of the right/4th digits, brittle nails, hypersensitivity to light touch, slight erythema over dorsum of the wrist on the left as well as mild swelling, mild allodynia and tenderness to palpation over the entire hand. The claimant was diagnosed with RSD of the upper limb, ulnar neuropathy, shoulder pain and mood disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Norco 10/325: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 79.

Decision rationale: MTUS Guidelines, page 79, state that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore Norco is not medically necessary.

request for Etodolac 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAID Page(s): 67.

Decision rationale: Etodolac is a nonsteroidal anti-inflammatory medication. MTUS Guidelines, page 67, state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so as to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Etodolac. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.

request for Trazadone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15.

Decision rationale: California MTUS Guidelines, page 15, states that antidepressants are recommended as first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. The medical records do not appropriately document the true indication for the Trazodone. If this medication is indicated for depression than following a trial of this medication, a psychological evaluation should be documented followed by a re-evaluation. The medication also seemed ineffective as the patient continued to complain of poor sleep and decreased activity level; therefore the requested medication is not medically necessary.

request for Oxycontin 80mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 79.

Decision rationale: MTUS Guidelines, page 79, states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore the requested medication is not medically necessary.

request for Gabapentin 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 17-19.

Decision rationale: California MTUS Guidelines, pages 17-19, recommended AEDs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy, (Attal, 2006). The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS Guidelines, one recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage, (Dworkin, 2003). The patient should be asked at each visit as to whether there has been a change

in pain or function. The claimant did not show improve function on her most recent office visit; therefore the requested medication is not medically necessary.