

<b>Case Number:</b>	CM13-0023256		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 an employee of [REDACTED] and has submitted a claim for reflex sympathetic dystrophy of the upper limb associated with an industrial injury date of March 16, 2001. A utilization review from September 3, 2013 denied the request for Norco due to no benefit from chronic opiate use, Anaprox due to medication-induced gastritis with no clear benefit outweighing risks, baclofen due to no clear description as to the source of the tremors are, Ativan due to no support for chronic conditions, and Lidoderm patch due to no clear documentation of localized pain. Treatment to date has included opioid and non-opioid pain medications, trigger point injections, occipital blocks, and spinal cord stimulator. Medical records from 2012-2013 were reviewed showing the patient complaining of ongoing pain in her upper and lower extremities due to the complex regional pain syndrome. The patient is on baclofen due to the tremors in the upper and lower extremities. The patient feels that the OxyContin along with Norco enables her to function on a daily basis. The patient has been having GI symptoms and was reported to have improved with intake of pantoprazole and the discontinuation of NSAIDs. Physical exam demonstrated upper extremity guarding on the left with notable hypersensitivity in the entire upper extremities especially the dorsum of the hand and dorsum forearm on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #129:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS ONGOING MANAGEMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS, ONGOING MANAGEMENT Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation of medications. In this case, the patient has been taking opioids since May 2012 and notes that intake of this medication helps her function on a daily basis. However, the specific details concerning functional improvement such as increased activities of daily living or decreased pain scores were not clear. The request does not specify a frequency and duration. Therefore, the request for Norco is not medically necessary.

**ANAPROX DS #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs have been inconsistent in evidence for use in treating long-term neuropathic pain. In this case, the patient has reflex sympathetic dystrophy of the upper and lower extremities. The patient has been using Anaprox since May 2012. The patient was noted to have GI symptoms and were alleviated with the discontinuation of naproxen. There was no documentation concerning benefits conferred with the use of naproxen. The request also does not indicate frequency and duration. Given the risks versus benefits, and the request for Anaprox is not medically necessary.

**BACLOFEN 10MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON ANTI-SPASTICITY DRUGS Page(s): 64.

**Decision rationale:** As stated on page 64 of the California MTUS Chronic Pain Medical Treatment Guidelines, baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, the patient was prescribed baclofen due to the tremors found in the upper and lower extremities. The patient has been using baclofen since August 2013. However, there is no documentation concerning the

tremors as a result of multiple sclerosis or a spinal cord injury. The request does not specify frequency and duration as well. Therefore, the request for baclofen is not medically necessary.

**ATIVAN 1MG #60:** Upheld

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

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

**Decision rationale:** As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient has been using Ativan since May 2012. However, there has been no discussion concerning the need for variance from the guidelines. The request also does not specify frequency and duration. Therefore, the request for Ativan is not medically necessary.

**LIDODERM PATCH #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 SECTION ON LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

**Decision rationale:** As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient's pain is not localized but is generalized over the upper and lower extremities. The use of Lidoderm is recommended only for localized pain. Therefore, a request for Lidoderm patches is not medically necessary.