

Case Number:	CM13-0023829		
Date Assigned:	12/18/2013	Date of Injury:	04/26/2002
Decision Date:	02/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 51-year-old female who reported an injury on 04/26/2002. The mechanism of injury was not provided in the medical records. The patient's initial course of treatment is unclear; however, the patient continued to have persistent pain to the upper extremities and was diagnosed with chronic regional pain syndrome. Other diagnoses included adhesive capsulitis, dysphasia, right ulnar neuropathy, right iliotibial band syndrome, chronic low back pain, chronic weight loss and malnutrition, and mood disorder. The patient has a treatment history of receiving multiple stellate ganglion blocks, as well as epidural steroid injections with moderate benefit. Over the years, the patient has developed severe dysphasia that prevents her from eating; and therefore, has developed severe malnutrition. It is suggested within the medical records that the patient's dysphasia is a direct result from a previously administered stellate ganglion block in 2007. Despite pain management interventions, the patient continues to have severe pain that is moderated through the use of narcotic analgesics. As a result, she has developed severe depression, further complicating her condition. In the past, the patient has been recommended to receive intensive inpatient psychiatric care, intervention by an internal medicine specialist and nutritionist for at least 6 months. It is unclear; however, if this was ever followed through with. There are numerous clinical notes reporting the patient's extreme weakness and weight loss, and is noted to be receiving outpatient psychological counseling. In the recent past, the patient has noted to have received nutrition through a PICC line with positive results; her weight increased to 102 pounds. The most recent note dated 12/06/2013 stated that the patient is in a much worse condition; she weighed only 77 pounds, was extremely fragile and allodynic. She continued to present with severe psychological symptoms and increased pain levels, as

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of antidepressants in the treatment of chronic pain. Cymbalta in particular, is an SNRI and is approved for anxiety, depression, neuropathy, and fibromyalgia treatment. Appropriate dosing for chronic pain syndromes include 60 mg a day and this medication is not recommended for abrupt discontinuation. As the medical records submitted detail the patient's extreme difficulty with depression and chronic pain, it is appropriate that she continue on this medication at this time. As such, the request for Cymbalta 60 mg #60 is certified.

Diazepam 10mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend long-term use of benzodiazepines in excess of 4 weeks. Guidelines state that long-term use of this medication can actually increase anxiety, and that tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. As the California MTUS/ACOEM Guidelines did not provide details for continued use, the Official Disability Guidelines were supplemented. ODG states that if benzodiazepines are prescribed by a physician for chronic use, the indication for use, as well as documentation of its efficacy, need to be provided at time of request. Unfortunately, the medical record submitted for review did not provide a specific indication for the use of Valium, nor did they provide any details regarding its efficacy. Although the request does not currently meet guideline recommendations, abrupt discontinuation of benzodiazepines is not recommended. As such, it is expected that the physician will allow for safe discontinuation and weaning; however, the request for diazepam 10 mg #240 is non-certified.

Soma 350mg #240: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend the long-term use of Soma. This drug is known to augment or alter the effects of other drugs, to include the sedation effects of benzodiazepines, relaxation and euphoria effects of tramadol, as well as others. Symptoms of intoxication include decreased cognitive function, abnormalities of the eyes, vestibular function, appearance, gait, and motor function. The medical records submitted for review provide evidence that the patient has been on this medication for over a year, clearly not within guideline recommendations. She is also reported to have severe debility, to include difficulty with ambulation/ motor coordination. Although this medication is not recommended for abrupt discontinuation, tapering should be done on an individualized level. It is expected that the physician will create a weaning program suitable for the patient. As such, the request for Soma 350 mg #240 is non-certified.

Colace 100mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid-induced Constipation Treatment.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the use of stool softeners in treating opioid-induced constipation; therefore, the Official Disability Guidelines were supplemented. ODG recommends treating opioid-induced constipation in patients receiving opioid therapy. Guidelines state that first-line interventions include increasing physical activity, maintaining appropriate hydration by drinking enough water, and following a diet rich in fiber. Unfortunately, the patient has difficulties swallowing, eating, and exercising, and therefore, the help of an over-the-counter stool softener is appropriate. Guidelines state that over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. As the patient has been on an intensive narcotic pain management program for over a year, it is appropriate to treat her accompanying constipation. As such, the request for Colace 100gm #60 is certified.

Tramadol HCL 50 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of opioids to treat chronic pain. Guidelines state that pain assessments should be performed at each clinical

visit, and functional ability should be measured at 6 month intervals. Guidelines also state that medication compliance should be monitored by the use of urine drug screens, administered according to the results of the patient's risk stratification testing. The pain assessment should include asking the patient about their current pain levels, the least reported pain since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief to begin, and how long pain relief lasts. Although the clinical records submitted report the patient's pain increases without the use of medications, there was no objective documentation measuring her pain levels or functional abilities. Tramadol in particular, is not recommended for use greater than 3-4 months. Opioids are not recommended for abrupt discontinuation; therefore, it is expected that the physician will allow for safe weaning. As such, the request for Tramadol HCl 50 mg #240 is non-certified.

. Lidoderm 5% patch #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of a topical, dermal patch formulation of lidocaine to treat neuropathic pain. As the patient has a diagnosis of Complex Regional Pain Syndrome and continues to have severe allodynic symptoms, the use of a Lidoderm patch is appropriate at this time. As such, the request for Lidoderm 5% patch, #90 is certified.