

Case Number:	CM13-0031833		
Date Assigned:	12/04/2013	Date of Injury:	12/01/1998
Decision Date:	01/24/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 52-year-old male with history of complex regional pain syndrome(CRPS) to bilateral lower extremities following a crush injury to the right foot on December 1, 1998. Treatment included multiple surgeries, local injections, and medications. The patient continued to complain of persistent pain. Claims for one toradol injection with B12, Pennsaid 40 drops, 3 lumbar sympathetic blocks, Norco, Kadian, and Lyrica were submitted on September 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) injection of Toradol 30mg with B12 between 8/28/2013 and 8/28/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac

Decision rationale: Toradol is a non-steroidal anti-inflammatory drug. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that

the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case the patient was already on opioid therapy.

Pennsaid 40 drops between 8/28/2013 and 11/1/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

Decision rationale: Pennsaid Drops are a topical non-steroidal anti-inflammatory drug. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is not documentation that the patient has failed treatment with anticonvulsants. Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Adverse effects for GI toxicity and renal function have been reported. This patient did not have a diagnosis of osteoarthritis.

Three (3) lumbar sympathetic blocks between 8/28/2013 and 11/1/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 39-41.

Decision rationale: Lumbar sympathetic blocks are recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful "window of opportunity" for rehabilitation techniques. Use of sympathetic blocks should be balanced against the side effect ratio and evidence of limited response to treatment. Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. The patient gave stated that there was some improvement in the right foot pain, but it was still present. The patient stated the pain in his left knee was 'somewhat '

improved. The degree of improvement is not clearly defined. The pain does not appear to be significantly improved.

Norco between 8/28/2013 and 11/1/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 76-96.

Decision rationale: Norco is the narcotic hydrocodone in combination with acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In addition the claim did not specify the dose, frequency or number of doses being requested.

Kadian between 8/28/2013 and 11/1/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 76-96.

Decision rationale: Kadian is the long-acting narcotic morphine . Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In addition the claim did not specify the dose, frequency or number of doses being requested.

Lyrica between 8/28/2013 and 11/1/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 19-20.

Decision rationale: Lyrica is pregabalin, an anti-epilepsy drug. It has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin has been associated with many side effects including edema, CNS depression, weight gain, and blurred vision. Somnolence and dizziness have been reported to be the most common side effects related to tolerability. It is recommended in neuropathic pain conditions and fibromyalgia. In this case, the patient is experiencing neuropathic pain. However, the claim does not specify the dosage, frequency, and number of doses requested and cannot be recommended.