

Case Number:	CM13-0038526		
Date Assigned:	12/18/2013	Date of Injury:	05/11/2007
Decision Date:	06/04/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal Medicine, and is licensed to practice in Rhode Island. 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 beneficiary is a 47 year old male with a date of injury of 5/1/07, and subsequent chronic pain management. He has had multiple surgeries on his right upper extremity, including carpal tunnel release, osteotomy, and shoulder repair. His exam is positive for weakness in the arm and hand with allodynia, and decreased range of motion in his wrist and hand. He has reflex sympathetic dystrophy and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: The beneficiary has reflex sympathetic dystrophy with chronic pain syndrome. The use of narcotics such as hydromorphone should of course be carefully monitored at the lowest possible dose with the most infrequent use possible, but this clinical scenario warrants the use of this agent to control the beneficiary's pain, especially since he has undergone

many different forms of surgical repair and no other surgery is planned. As such, the request is medically necessary.

Tramadol ER 100mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

Decision rationale: The beneficiary has chronic pain syndrome with reflex sympathetic dystrophy and requires pain control over a long term basis. He has had multiple surgeries, and no other surgeries are planned. The use of Tramadol should of course be carefully monitored at the lowest possible dose with the most infrequent use possible, but in this clinical scenario, this medication is warranted. As such, the request is medically necessary.

Spinal cord stimulation for right upper extremity pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38.

Decision rationale: The beneficiary has chronic pain syndrome and reflex sympathetic dystrophy. He has had multiple surgeries, and has been on multiple pain control medications for an extended period of time. With appropriate counseling, the beneficiary may benefit from the use of spinal cord stimulation (SCS). Guidelines state that there appears to be growing evidence for the use of SCS in situations such as this. As such, the request is medically necessary.