

<b>Case Number:</b>	CM13-0039519		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/28/2008
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 in Pain Medicine and is licensed to practice in California and 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 30-year-old male who reported an injury on 09/28/2008. The mechanism of injury information was not provided in the medical record. The most recent clinical note dated 12/03/2013 reports the patient continues to complain of pain to his left hand, left medial elbow, and right ulnar nerve. Physical examination revealed ulnar nerve regeneration is approximately to a point 5.0 cms from the distal wrist crease along the ulnar border of the right hand. There was a positive Tinel's sign with only light touch over the surface of the palm. Treatments have included previous surgeries, therapy, right elbow injections, medications, and stellate ganglion blocks. The patient's diagnoses include complex regional pain syndrome (CRPS), type II to the upper limb, left, pain in elbow, and lesion of ulnar nerve. A Review of Systems revealed dry skin, mottled hand, cold left hand, dryness which was worse in the 5th finger on the left with flaking skin, and weakness and numbness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology referral.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examination and Consultation regarding Referrals, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** In reference to the decision for a psychology referral, it is not medically necessary. Per The California MTUS Guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain through ongoing medication or therapy, which could lead to psychological or physical dependence. The requested service of psychological referral was requested in reference to a placement of a spinal cord stimulator trial. Being as there are no clinically documented findings of the patient having any coping difficulties or fear-avoidance beliefs noted there is no medical necessity at this time for behavioral intervention of a psychology referral. Also, the request for the psychological referral is related to the placement of the spinal cord stimulator trial. The spinal cord stimulator trial that has been requested in this record was noncertified. Therefore, there is no medical necessity for the psychological referral. Thus, the request for a psychological referral is noncertified.

**Spinal cord stimulator trial .:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 106-107.

**Decision rationale:** Per the California MTUS, indications for stimulator implantation would be failed back surgery, CRPS. There is a listed 70% to 90% success rate at 14 to 41 months after surgery. Per California MTUS Guidelines spinal cord stimulators should be offered only after careful counseling and patient identification and should be used in conjunction with the comprehensive multidisciplinary medical management. There is documentation that the patient has received 1 ganglion block that was not beneficial, and has not been able to start occupational therapy as of yet. As the patient has not exhausted all the less invasive treatments, the spinal cord stimulator trial is not medically necessary at this time. Therefore, the request for a spinal cord stimulator trial is noncertified.

**Oxycodone 10mg every 4 hours #140.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for oxycodone 10 mg every 4 hours #140 tablets is not medically necessary. Per the California MTUS Guidelines with ongoing management with opioids, there must be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There should be a pain assessment which should

include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; and how long it takes for the pain relief to work. Per review of the medical record, there is no clinical documentation provided of a pain assessment that provides all of the requested information to include the current pain, the least reported pain, the time period of how long the pain lasts, the intensity of the pain. There is also no review and documentation of pain relief and functional status of the patient. Therefore, the medical necessity of oxycodone 10 mg every 4 hours cannot be determined at this time, and the request for oxycodone 10 mg every 4 hours #140 tablets is noncertified.

**Gabapentin 600mg 1 QAM, 2 QOM #90.: 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 Antiepilepsy drugs (AEDs) Page(s): 17-19.

**Decision rationale:** Per California MTUS, anti-epilepsy drugs are recommended for neuropathic pain. The choice of a specific agent reviewed below will depend on the balance between effectiveness and adverse reactions. California MTUS Guidelines also state that the patient should be asked at each visit as to whether there has been any change in pain or function. And, if an inadequate control of pain is found, a switch to another first-line drug is recommended. The use of anti-epileptic medications requires documentation of efficacy and functional benefit. There has been no objective clinical documentation of the functional benefit of the medication requested, and no documentation of the efficacy of the medication as well. Therefore, the medical necessity for gabapentin cannot be proven. As such, gabapentin 600 mg 1 every morning and 2 every other morning #90 tablets are noncertified.

**Lidoderm 5% #30.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch) Page(s): 57.

**Decision rationale:** Per The California MTUS Guidelines, Lidoderm is topical lidocaine which is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This is not a first-line treatment, and is only FDA-approved for postherpetic neuralgia. There is no clinical documentation in the medical record of a failed attempt at a first-line therapy of anti-depressants or anti-epileptic drugs. So, due to the fact that there is the lack of documentation of the first-line therapy failure prior to the use of the Lidoderm patch, the request for Lidoderm 5% #30 is noncertified.

**Nortriptyline 50mg #30.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The California MTUS does recommend the use of anti-depressants for chronic pain as a first-line option for neuropathic pain, and is a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Per California MTUS Guidelines, there should be an assessment of treatment which should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. Since there is no clinical documentation provided in the medical record which showed any evidence of the medication's effectiveness, or that the patient has had any improved function as a result of this medication, the medical necessity cannot be determined at this time. Therefore, the request for Nortriptyline 50 mg #30 tablets is noncertified.