

Case Number:	CM13-0039963		
Date Assigned:	12/20/2013	Date of Injury:	10/21/2010
Decision Date:	04/09/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/08/2013

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, has a subspecialty in Interventional Spine, 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 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:

This patient is a 50-year-old male with a date of injury of 10/21/2010. The listed diagnosis per [REDACTED] dated 09/10/2013 is reflex sympathetic dystrophy of the lower limb. According to report dated 09/10/2013 by [REDACTED], the patient presents with pain in left knee, leg and foot and CRPS1. The patient was noted to have developed symptoms of complex regional pain syndrome type 1 in the left foot, leg and knee following his third knee surgery (02/27/2013) for a meniscal injury. The patient describes pain and numbness on the lateral aspect of the left leg and tingling and paresthesias down into the foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 16-17.

Decision rationale: This patient presents with pain in left knee, leg and foot and complex regional pain syndrome (CRPS1). The provider is requesting a trial of Cymbalta for the patient.

A utilization review dated 09/26/2013 modified certification from #30 with 2 refills to #30 between 09/10/2013 and 11/17/2013. For Cymbalta, the MTUS guidelines state, "Duloxetine (Cymbalta®) is Food and Drug Administration (FDA)-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." In this case, the patient is prescribed a trial of Cymbalta for his neuropathic pain in his leg. Given Cymbalta is a first-line option for neuropathic pain, recommendation is for approval.

Lumbar sympathetic blocks x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines (ODG).

Decision rationale: This patient presents with pain in left knee, leg and foot and complex regional pain syndrome (CRPS1). The provider is requesting series of 3 lumbar sympathetic blocks. For regional sympathetic blocks, the MTUS guidelines state "recommendations are generally limited to diagnosis and therapy for CRPS." For Lumbar Sympathetic Blocks: "There is limited evidence to support this procedure, with most studies reported being case studies. vertebra. The proposed indications are circulatory insufficiency of the leg: (Arteriosclerotic disease; Claudication: Rest pain; Ischemic ulcers; Diabetic gangrene; Pain following arterial embolus). Pain: Herpes Zoster; Post-herpetic neuralgia; Frostbite; CRPS; Phantom pain. These blocks can be used diagnostically and therapeutically. Adjunct therapy: sympathetic therapy should be accompanied by aggressive physical therapy to optimize success." The Official Disability Guidelines (ODG) under pain chapter, under injections also states "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." In this case, report dated 09/10/2013 states patient "reports continued improvement following the fourth lumbar sympathetic block." This report goes on to document that the patient had lumbar sympathetic blocks on 07/10/2013 and 07/18/2013 "each giving 25-50% relief for 5 days." The ODG guidelines state under general pain injections, that injections at a minimum should produce 50% pain relief for "a sustained period, and clearly result in documented reduction in medication and improved function." In this case, both injections in July merely produced 5 days of relief. In addition, there is no documentation of reduced medication intake or improved function. In fact, the treater in his report 09/10/2013 states that the lumbar sympathetic block "was of little therapeutic value." The recommendation is for denial.

3 physical therapy sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 98-99.

Decision rationale: This patient presents with pain in left knee, leg and foot and complex regional pain syndrome (CRPS1). The provider is requesting 3 physical therapy sessions. It would appear the provider is requesting this short course of therapy do go hand in hand with the requested Lumbar sympathetic blocks. For physical medicine, the MTUS guidelines recommend for Reflex sympathetic dystrophy (RSD) or CRPS up to 24 sessions of therapy. There are two physical therapy reports provided for review dated 04/03/2013 and 04/26/2013, neither report indicate how many sessions this patient has had in the recent past. However, report dated 09/10/2013 states "he underwent a few months of physical therapy and has seen some improvement." It is clear the patient received a few months of therapy which produced "some improvement"; however, the exact number of treatments are not documented. Given the patient's current increase in pain, a short course of therapy appear reasonable for the patient's CRPS. The recommendation is for authorization.

Lyrica 150mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 16-17, 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

Decision rationale: A utilization review dated 09/26/2013 modified certification from #30 with 2 refills to #7 between 09/10/2013 and 12/17/2013. A utilization review dated 09/26/2013 modified the request stating "documentation does not reveal clinical findings of reduction of pain." The MTUS guidelines has the following regarding Pregabalin (Lyrica®); "Pregabalin (Lyrica®, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has Food and Drug Administration (FDA) approval for both indications, and is considered first-line treatment for both. In June 2007, the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." This patient meets the indications for this medication. Lyrica is recommended for diabetic neuropathy and postherpetic neuralgia, and has recently been approved for treatment of fibromyalgia. It may also be considered for neuropathic pain which this patient has. The recommendation is for approval.