

Case Number:	CM13-0056436		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2012
Decision Date:	03/31/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 48 year old male with a date of injury on 3/15/2012. Patient has been treated for ongoing symptoms in the right lower extremity. Patient has the diagnosis of complex regional pain syndrome (CRPS). Subjective complaints worsening color change, swelling and pain in the right lower leg. The pain is constant and is worse with activity. Physical findings include swelling, edema and tenderness of the right foot, with decreased range of motion and allodynia. Medications include ongoing use of Percocet and Soma, duration unable to be determined by submitted records. Treatment plan identified symptoms as an acute flare of CRPS. Prior treatments have included sympathetic blocks in 2013 which were noted to be beneficial. It was also noted patient's previous pain physician had died, therefore needing new physician and follow-up appointments. Patient was also recommended to have a spinal cord stimulator and prescription for a topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ninety (90) Soma 350mg: 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).

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

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS does not recommend carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. This patient has used carisoprodol consistently for an undetermined period of time, which is not consistent with current guidelines. For these reasons, the use of carisoprodol is not medically necessary.

Topical cream (Lidocaine 2%, Prilocaine 2%, Lamotrigine 2.5%, Meloxicam 0.9%) x2:
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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The Physician Reviewer's decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Guidelines do not recommend topical lamotrigine or other antiepileptic drugs as no peer-reviewed literature support their use. Furthermore, no topical lidocaine creams/gels (with the exception of Lidoderm patch) are recommended for neuropathic pain. Therefore, since these components of the medication are not supported, the topical cream is not medically necessary.

Series of three lumbar sympathetic chain blocks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SYMPATHETIC CHAIN BLOCKS, CRPS Page(s): 35-41.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS recommends sympathetic blocks in a limited role, primarily for diagnosis of sympathetic mediated pain and as an adjunct to physical therapy Repeat blocks are only recommended if continued improvement is observed. Therapeutic blocks can be performed 3-6 times with functional rehabilitation and objective improvement after each block. Acute flares can be repeated 1-3 times if functional improvement is noted after each block. For this patient, previous sympathetic blocks were performed earlier this year. There was documented efficacy and functional improvement from this previous block. Therefore, for this patient's documented acute flare of CRPS sympathetic chain blocks meet established guidelines and are medically necessary.

Twelve (12) office visits: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79, Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: The Physician Reviewer based his/her decision on Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pg. 79; Chronic Pain Medical Treatment Guidelines OPIOIDS, page(s) 79; and Post-Surgical Treatment Guidelines, page(s) 11. The Physician Reviewer's decision rationale: CA MTUS suggest the use of regular follow up visits is standard to monitor and assess for functional improvement. Specific time frame for follow up appointments is dependent on the diagnosis and treatment plan that is being pursued. CA MTUS suggested that frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms. For ongoing opioid therapy, CA MTUS recommends visits every 1.5-2 months. For this patient, the indication for 12 visits is not specified. Rationale for the time-frame to treat and manage this acute flare is not apparent in the submitted medical records. Therefore, the medical necessity of 12 follow up visits is not established.

Trial of a spinal cord stimulation and psychology clearance before the trial: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATOR Page(s): 101-105.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS recommends a psychological evaluation prior to placement of a spinal cord stimulator. Spinal cord stimulators (SCS) are only indicated for selected patients in cases when less invasive procedures have failed or are contraindication. SCS is recommended as a treatment option for chronic pain lasting at least 6 months despite medical management, and who have had a successful trial of stimulation. SCS has also appears to be an effective therapy in the management of patients with CRPS. This patient has neuropathic pain and symptoms consistent the CRPS. The patient has been treated with sympathetic blocks which were helpful. Previous utilization review certified psychological exam for SCS placement. The submitted documentation has evidence that patient fits criteria for a trial of a spinal cord stimulator after psychological clearance. This psychological clearance and subsequent trial of a SCS is medically necessary.