

Case Number:	CM14-0002653		
Date Assigned:	02/28/2014	Date of Injury:	04/08/2005
Decision Date:	11/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 expert 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 claimant has a history of a work injury occurring on 04/08/05. She underwent a carpal tunnel release in April 2005. Treatments included a spinal cord stimulator in 2007 with subsequent removal in October 2007. She continues to be treated for chronic pain and depression. She was seen by the requesting provider on 06/21/13. Medications were helping with pain and spasms. She was not having any adverse medication side effects. Physical examination findings included wrist tenderness and hypersensitivity. Urine drug screen test results were reviewed. Medications were continued. She was to follow-up as needed. On 11/18/13 trigger point injections done one month before had not helped. She was having ongoing having neck pain radiating to the upper back and right trapezius rated at 3/10. Medications were helping her get through the day. Physical examination findings included paraspinal and trapezius muscle tenderness. She had atrophy of the hand intrinsic muscles with hypersensitivity. She had decreased wrist range of motion. Recommendations included continuing a home exercise program. She was referred for consideration of a sympathectomy. Medications were refilled. Medications were Zanaflex 4 mg #90, Lidoderm #30, and Nucynta 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW FOR PRESCRIPTION OF ZANAFLEX 4MG, #90, (DOS: 11/18/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-66.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic pain and depression. Treatments have included a spinal cord stimulator and she is being treated with a diagnosis of CRPS. In November 2013 medications included Zanaflex, Lidoderm, and Nucynta. Her provider documents muscle tenderness. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. It is therefore not medically necessary.

RETROSPECTIVE REVIEW FOR PRESCRIPTION OF LIDODERM PATCHES 5%, #30 (DOS: 11/18/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic pain and depression. Treatments have included a spinal cord stimulator and she is being treated with a diagnosis of CRPS. In November 2013 medications included Zanaflex, Lidoderm, and Nucynta. Her provider documents muscle tenderness. In terms of topical treatments, topical Lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. However, this claimant does not have localized pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm is not medically necessary.

RETROSPECTIVE REVIEW FOR PRESCRIPTION OF NUCYNTA 100MG, #60 (DOS: 11/18/2013): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use,(2) Opioids, dosing Page(s): 76-80 and 86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic pain and depression. Treatments have included a spinal cord

stimulator and she is being treated with a diagnosis of CRPS. In November 2013 medications included Zanaflex, Lidoderm, and Nucynta and are referenced as helping her get through the day. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Nucynta is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total Med is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Nucynta is medically necessary.

RETROSPECTIVE REVIEW FOR DURABLE MEDICAL EQUIPMENT, RIGHT WRIST BRACE (DOS: 11/18/2013): 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 CHAPTER, WRIST BRACE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), CRPS, treatment (2) Carpal Tunnel Syndrome (Acute & Chronic), Splinting

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic pain and depression. Treatments have included a spinal cord stimulator and she is being treated with a diagnosis of CRPS. A wrist splint could be considered if the claimant had a diagnosis of carpal tunnel syndrome. In the treatment of CRPS, however, guidelines recommend increasing flexibility including active range of motion and stretching. In this case, providing a wrist splint would be expected to promote decreased range of motion and is therefore not medically necessary.