

Case Number:	CM14-0011026		
Date Assigned:	02/21/2014	Date of Injury:	03/05/2007
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/28/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 36-year-old female with date of injury 3/5/07. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral arm and leg pain since the date of injury. She has been treated with spinal cord stimulator implantation, intrathecal pump and medications. Objective measures are for antalgic gait, mottling and allodynia of the bilateral upper extremities, decreased strength and tremor of the bilateral upper extremities, tremor of the bilateral upper extremities. Diagnoses include complex regional pain syndrome. The treatment plan and requests are for gabapentin and fentanyl lollipop.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPTIC DRUGS Page(s): 49.

Decision rationale: This 36 year old female has complained of bilateral arm and leg pain since date of injury 3/5/07. She has been treated with spinal cord simulation, intrathecal pump and medications to include gabapentin since at least 08/2013. Per the MTUS guideline cited above,

Neurontin is an anti-epileptic agent used to treat diabetic painful neuropathy and post herpetic neuropathy. There is no documentation in the available medical records that supports the presence of any of these medical conditions. Based on this lack of documentation, Neurontin is not indicated as medically necessary.

FENTANYL CITRATE LOLLIPOPOP 1200MCG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78-85, 88-89.

Decision rationale: This 36- year-old female has complained of bilateral arm and leg pain since date of injury 3/5/07. She has been treated with spinal cord simulation, intrathecal pump and medications to include opiates since at least 08/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Fentanyl lollipop is not indicated as medically necessary.