

Case Number:	CM14-0015954		
Date Assigned:	04/09/2014	Date of Injury:	03/29/2005
Decision Date:	05/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 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:

This is a 55-year-old female who was injured on 3/25/2005. She has been diagnosed with reflex sympathetic dystrophy (RSD). According to the 1/8/14 pain management report from the provider, the patient presents with chronic neck, shoulder and upper extremity pain. She is status post de Quervain's injection on 11/5/13 and continues to have relief from the injection. The pain was rated at 7-8/10 with medications. The medications include Cymbalta; Ketamine 5% cream; capsaicin 0.075% cream; Lidoderm 5% patch; pantoprazole (Protonix); Ambien CR (controlled release); Celebrex; Flexeril; Nucynta; and from a different physician takes Cartia XT; HCTZ; Lorazepam; and Trazodone. On 1/30/14, utilization review recommended discontinuing capsaicin cream, pantoprazole; ketamine cream, Lidoderm patches and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic neck, shoulder and upper extremity pain and has been diagnosed with reflex sympathetic dystrophy (RSD). The MTUS guidelines states capsaicin is an option in patients who have not responded or are intolerant to other treatments. The 12/11/13 report states the patient has responded to Cymbalta which takes her pain from 9/10 down to 7/10. The MTUS criteria for use of capsaicin have not been met. As such, the request is not certified.

PANTOPRAZOLE: 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), Proton Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms & cardiovascular.

Decision rationale: The patient presents with chronic neck, shoulder and upper extremity pain and has been diagnosed with reflex sympathetic dystrophy (RSD). The medical records from the provider were reviewed from 12/11/13 through 2/28/13. None of the medical reports document history of ulcer or current complaints of gastroesophageal reflux disease (GERD or dyspepsia from non-steroidal anti-inflammatory drugs (NSAIDs). The 1/22/14 appeal from the provider states the patient has history of gastritis and has used NSAIDs including Nabumetone, Etodolac in the past and reported gastrointestinal (GI) complications with them. Unfortunately, none of the medical reports provided for this Independent Medical Review (IMR) documented gastritis from Nabumetone or Etodolac. The patient currently is not taking Nabumetone or Etodolac and is taking the Cox-2 NSAID. The MTUS guidelines allow for use of a proton pump inhibitor (PPI) such as Protonix on a prophylactic basis if the patient meets the MTUS risk factors for GI events. The MTUS lists peptic ulcer, GI bleeding or perforation, but not gastritis. The MTUS allows for use of a PPI for treatment of dyspepsia secondary to NSAID therapy, stating "Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." According to the 1/22/14 appeal, the patient been on Etodolac and Nabumetone and reported GI complications, but the guidelines state to stop the NSAID, or switch to a different NSAID. The patient was apparently switched to Celebrex, and there are no further GI complications reported. The patient does not meet the MTUS criteria for use of Protonix on a prophylactic basis, and there are no current symptoms of dyspepsia from Celebrex, and no current reports of GERD that would require use of Protonix. The request is not in accordance with MTUS guidelines.

KETAMINE CREAM: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Pain Outcomes and Endpoints, Page(s): 111-113, 8-9.

Decision rationale: The patient presents with chronic neck, shoulder and upper extremity pain and has been diagnosed with reflex sympathetic dystrophy (RSD). The MTUS states ketamine cream is under study, and only recommended for treatment of neuropathic pain in refractory cases where all primary and secondary treatments have been exhausted. The MTUS states it has been studied for Complex regional pain syndrome (CRPS) 1 and showed encouraging results. The 1/22/14 appeal letter shows the patient has conservative care and stellate blocks, and transcutaneous electrical nerve stimulation (TENS) for the CRPS. The patient appears to have met the criteria for a trial of Ketamine cream. However, the reports show the patient has used the Ketamine cream since 3/20/13, and none of the follow-up reports show that this has decreased pain compared to baseline, or improved function or quality of life. The topical Ketamine has not provided a satisfactory response, per MTUS definition. The MTUS does not recommend continuing treatment that does not provide a satisfactory response. As such, the request is not certified.

LIDODERM PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The patient presents with chronic neck, shoulder and upper extremity pain and has been diagnosed with reflex sympathetic dystrophy (RSD). The 1/22/14 report states the patient has tried gabapentin and Lyrica in the past but had to discontinue them due to side effects including short-term memory problems, mental foginess and water retention. The patient meets the MTUS criteria for a trial of Lidoderm patches. The records show the patient was on Lidoderm Final Determination Letter for IMR Case Number CM14-0015954 5 patches since 2/28/13. However, none of the follow-up reports show that this has decreased pain compared to baseline, or improved function or quality of life. Even on the 1/22/14 appeal, the efficacy of the Lidoderm patches was not cleared. The MTUS states, "all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and: "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." The Lidoderm patches have not provided a satisfactory response, per MTUS definition. The MTUS does not recommend continuing treatment that does not provide a satisfactory response.

AMBIEN: 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), Ambien, and Mosby's Drug consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment, Ambien.

Decision rationale: The patient presents with chronic neck, shoulder and upper extremity pain and has been diagnosed with reflex sympathetic dystrophy (RSD). She is reported to have a sleep problem due to chronic pain. The 1/22/14 report does state that Ambien CR (controlled release) helps on the nights she cannot sleep. The Official Disability Guidelines (ODG) states that studies have shown Ambien CR has been effective for up to 24 weeks, and was indicated for sleep latency and maintenance. In this case, the patient has been on Ambien CR since 2/28/13, and has used it over 24 weeks. The ODG state that "Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in Insomnia treatment." The continued use of Ambien CR over 24 weeks does not appear to be in accordance with ODG guidelines.