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| Case Number: | CM14-0157842 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 10/04/2001 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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 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 employee was a 56 year old male with a date of injury of 10/4/2001. The diagnoses included complex regional pain syndrome, right upper extremity, psychological diagnosis, bowel and bladder incontinence, status post cervical spinal cord stimulator with mild improvement and dental pain. His medications included Norco, Prilosec, Neurontin and Colace. His progress note from 06/13/14 was reviewed. Subjective complaints included low back pain, neck and jaw pain. His pain was 9/10 and decreased to 5-6/10 with medications. He also had weakness and numbness in bilateral lower extremities. Colace was helpful with constipation and decreased bowel incontinence. Pain affected his ADLs (activities of daily living) and brushing his teeth. He also complained of reflux and gas. He complained also of dizziness with rising from a seated position. He was getting good coverage with stimulator in right arm which he used 24/7. The patient complained of difficulty with getting and maintaining an erection. He complained of coldness in right arm which was very sensitive to touch and bothered by wind. Pertinent objective findings included bundled right arm with positive guarding, positive allodynia, and positive atrophic changes to hand/forearm. He was using a motorized wheelchair. He had shiny skin on all 5 fingers of right hand with positive atrophic changes to the right hand. He had clubbing of right fingers, nail bed changes with interphalangeal joint/right thumb bent at 45 degrees. His CURES report and urine testing were consistent with medication use on 05/2013. His diagnoses included status post cervical spinal cord stimulator with mild improvement, complex regional pain syndrome of right upper extremity, psychological diagnosis, bowel and bladder incontinence and dental pain. His treatment plan included continuing Norco 10/325mg every 4 hours, Prilosec 20mg BID, Neurontin 600mg TID, Colace 100mg PO BID and Lidoderm patch every 12 hours. The plan of care included urine toxicology screening, CURES reporting,

Psychiatric therapy and Internal Medicine consultation. The CURES reporting from 10/14 was consistent with medications used. The request was for Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS treatment, when to continue Opioids, Page(s): 38, 80.

Decision rationale: The employee was a 56 year old male who was being treated for complex regional pain syndrome of right upper extremity. He was being treated with Norco 10/325mg every 4 hours. He had an improvement of pain from 9/10 to 5-6/10 with medications. He had constipation that improved with Colace. His other treatments included spinal cord stimulator, Neurontin and Lidoderm patch. He was experiencing pain while doing his ADLs and also was ambulating with a motorized wheel chair. His last CURES report from 10/14 was consistent with his prescription medications. His last functional assessment was done in Oct 2014, but results are not available for review. The request was for Norco 10/325mg #180. The employee was being treated for CRPS. He was taking Norco 10/325mg six times a day for pain. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, the guidelines recommend continuing Opioids if the patient has returned to work or if the patient has improved functioning and pain. Even though, there is documentation that his pain was improved with Norco, there is no documentation of functional improvement from taking Norco. He was in a wheel chair and the pain was ongoing. There is no documentation of him working. There was a CURES report to address aberrant behavior. Given the lack of clear functional improvement with taking Norco, the criteria for continued use of Norco have not been met. The request for Norco 10/325mg #180 is not medically necessary or appropriate.

GABAPENTIN (NEURONTIN) 600MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS medication Page(s): 37-38.

Decision rationale: The employee was a 56 year old male who was being treated for complex regional pain syndrome of right upper extremity. He was being treated with Norco 10/325mg every 4 hours. He had an improvement of pain from 9/10 to 5-6/10 with medications. He had constipation that improved with Colace. His other treatments included spinal cord stimulator,

Neurontin and Lidoderm patch. He was experiencing pain while doing his ADLs and also was ambulating with a motorized wheel chair. His last CURES report from 10/14 was consistent with his prescription medications. His last functional assessment was done in Oct 2014, but results are not available for review. The request was for Norco 10/325mg #180 and Gabapentin 600mg #90. According to MTUS, Chronic Pain Medical Treatment guidelines, Gabapentin has been recommended for stimulus independent pain due to CRPS on a trial basis. The employee had pain relief from 9/10 to 5/10 with his medications. Given the ongoing pain due to CRPS of the right upper extremity and relief with oral medications, ongoing use of Gabapentin is medically necessary and appropriate. The request for Gabapentin 600mg #90 is medically necessary and appropriate.