

Case Number:	CM14-0161913		
Date Assigned:	10/07/2014	Date of Injury:	06/24/2011
Decision Date:	11/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Medicine 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 39 year old female patient who sustained an injury on 6/24/2011. She sustained the injury when she fell stepping out of the elevator. The current diagnosis includes reflex sympathetic dystrophy of the upper limb. Per the doctor's note dated 10/15/14, she had complaints of left upper extremity pain. The physical examination revealed allodynia dorsum of the left hand and visible sweating of the left palm. The medications list includes xanax, lyrica, nortriptyline, butran patch, orphenadrine and dilaudid. She has had urine drug screen report on 2/20/14 which was inconsistent for butrans, flexeril and nortriptyline. She has undergone multiple surgeries for the left wrist, bilateral inguinal hernia repair, nasal surgery and septoplasty. She has had a trial of a spinal cord stimulator. She has had cervical sympathetic blocks. She has had left hand X-ray dated 6/27/11 with normal findings and CT scan of the left upper extremity dated 9/13/2011 with normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg #120 (Refill times 2): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Nortriptyline is a tricyclic antidepressant. According to the CA MTUS Chronic Pain Guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated..."This patient (pt) has a diagnosis of reflex sympathetic dystrophy of the upper limb. Per the doctor's note dated 10/15/14, she had complaints of left upper extremity pain. The physical examination revealed allodynia dorsum of the left hand and visible sweating of the left palm. She has had wrist surgery and has had a spinal cord stimulator trial. The pt has chronic pain with the presence of documented abnormal objective findings. Nortriptyline is a first line option for chronic pain. The use of Nortriptyline 10mg #120 (Refill times 2) is medically appropriate and necessary in this patient.

Lyrica 50mg #150 (Refill times 2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Pregabalin (Lyrica, no generic available) Page(s): 16 19.

Decision rationale: Lyrica is an antiepilepsy medication. According to MTUS Chronic Pain Guidelines for antiepilepsy drugs, "There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms..."In addition per the cited guidelines "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both."Per the records provided patient had left upper extremity pain. The patient has been taking lyrica since a long time. Response to lyrica in terms of functional improvement is not specified in the records provided. The level of the pain with and without this medication is not specified in the records provided. The need for lyrica with lack of documented improvement in function is not fully established. Evidence of diabetic neuropathy and postherpetic neuralgia is not specified in the records provided. The presence of absence of side effects due to this medication was not specified in the records provided. The medical necessity of Lyrica 50mg #150 (Refill times 2) is not fully established for this patient.

Dilaudid 4mg # 90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/30/14) Opioids, criteria for use

Decision rationale: Dilaudid contains hydromorphone which is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that the patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines, a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic; these were not specified in the records provided. She has had urine drug screen report on 2/20/14 which was inconsistent for butrans, flexeril and nortriptyline. Recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Dilaudid 4mg # 90 with 3 refills is not established for this patient.

Retrospective Usage Of Lyrica 50/75mg #21 (Dos 9-17-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Pregabalin (Lyrica, no generic available) Page(s): 16 19.

Decision rationale: Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines for antiepilepsy drugs, "There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms..."In addition per the cited guidelines, "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both."Per the records provided patient had left upper extremity pain. The patient has been taking lyrica since a long time. Response to lyrica in terms of functional improvement was not specified in the records provided. The level of the pain with and without this medication was not specified in the records provided. The need for lyrica with lack of documented improvement in function was not fully established. Evidence of diabetic neuropathy and postherpetic neuralgia was not specified in the records provided. The presence of absence of side effects due to this medication was not specified in the records provided. The medical necessity of Lyrica 50/75mg #21 (Dos 9-17-14) was not fully established for this patient.