

Case Number:	CM14-0173691		
Date Assigned:	10/24/2014	Date of Injury:	05/28/2012
Decision Date:	12/03/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

The patient is an injured worker with the diagnosis of reflex sympathetic dystrophy. Date of injury was 05-28-2012. Regarding the mechanism of injury, the patient fell down stairs and put his left hand out. On May 29, 2012, the patient was carrying a barrel down a flight of stairs, when he fell, bracing his fall with both hands and landing on his left side. Severe pain on the medial side of his elbow and forearm developed, followed by numbness in the left wrist and elbow. Treatment has included two surgeries. Left wrist arthroscopy with debridement, arthroscopic synovectomy, and triangular fibrocartilage repair was performed in November 2012. Left wrist arthroscopy with debridement, arthroscopic synovectomy, lysis of adhesions, left elbow ulnar nerve transposition, and medial epicondylectomy was performed in July 2013. Chronic regional pain syndrome with tenderness and sensitivity developed following the surgery in July 2013. Three stellate ganglion blocks have been performed. Subsequent treatment included physical therapy visits. Physical complaints include a burning sensation from the upper arm to the left hand, as well as muscle spasms, which cause stabbing pains in the left arm and fingers. Psychological distress developed with increasing feelings of anxiety, depression, agitation, and irritability secondary to chronic pain and discomfort. The progress report dated October 6, 2014 documented subjective complaints of left upper extremity pain and weakness over left elbow and left wrist. The patient has a diagnosis of reflex sympathetic dystrophy. He had left wrist arthroscopy November 2012. He had repeat arthroscopy, lysis of adhesions, and synovectomy with transposition of ulnar nerve August 2013. He had stellate ganglion block. He has been seeing a counselor for depression secondary to pain. For past three weeks, he has noticed a buzzing paresthesia in left hip to anterior thigh. Physical therapist has been seeing patient. He has CRPS complex regional pain syndrome. Medications included Gabapentin, Norco, Nortriptyline, and Ambien. The patient does not have a family history of pertinent chronic pain

issues. The patient engages in no tobacco usage. Patient has never smoked or used tobacco products. He does not report engaging in any illicit drug use. He denies any past history of substance abuse. No known drug allergy is noted. Objective findings were documented. The patient is a healthy, well appearing male, in no apparent distress. The patient was unable to abduct left forearm, and allodynia was noted over the medial aspect of forearm and very cold to touch. Diagnosis was reflex sympathetic dystrophy of upper limb. Treatment plan included Gabapentin, Nortriptyline, and Norco 10/325 mg. Utilization review determination date was 10/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gabapentin 300mg, #180 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Gabapentin (Neurontin); anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Gabapentin has been recommended for complex regional pain syndrome (CRPS). Medical records document the diagnosis of complex regional pain syndrome (CRPS) managed with Gabapentin. MTUS guidelines support the use of Gabapentin for CRPS. Therefore, the request for 1 prescription of Gabapentin 300mg, #180 with 2 refills is medically necessary.

1 prescription of Nortriptyline HCL 10mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding: Antidepressants; Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain and Complex Regional Pain Syndrome (CRPS) Page(s): 13-16 and 35.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent. Per MTUS, antidepressants and tricyclic antidepressants are recommended for complex regional pain syndrome (CRPS). Medical records document the diagnosis of complex regional pain syndrome (CRPS) managed with Nortriptyline. Nortriptyline is a tricyclic antidepressant (TCA). MTUS guidelines support the use of Nortriptyline for CRPS. Therefore, the request for 1 prescription of Nortriptyline HCL 10mg #30 with 2 refills is medically necessary.

1 prescription of Norco 10/325mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; When to Continue Opioids: regarding Norc.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004), Chapter 3 pages, 47-48 Department of Justice Drug Enforcement Administration 21 CFR Part 1308 Docket No. DEA-389 Rescheduling of Hydrocodone Combination Products from Schedule III to Schedule II http://www.dea diversion.usdoj.gov/fed_regs/rules/2014/fr0822.htm http://www.dea diversion.usdoj.gov/faq/mult_rx_faq.htm#7.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioid medications. ACOEM Chapter 3 (Page 47-48) states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. Pursuant to the Controlled Substances Act, the Drug Enforcement Administration rescheduled Hydrocodone combination products from schedule III to schedule II effective October 6, 2014. The issuance of refills for a schedule II controlled substance is prohibited by law. Medical records indicate the long-term use of opioid medications, which is not supported by MTUS and ACOEM guidelines. The request for authorization (RFA) dated 10/6/14 documented the request for Norco 10-325 mg quantity 120 with 2 refills. Norco is a schedule II Hydrocodone combination product. Per DEA rules, the issuance of refills for a schedule II controlled substance is prohibited by law. Therefore, the request for Norco 10-325 mg quantity 120 with 2 refills is prohibited by law. Therefore, the request for 1 prescription of Norco 10/325mg #120 with 2 refills is not medically necessary.