

Case Number:	CM14-0054519		
Date Assigned:	07/16/2014	Date of Injury:	04/14/1998
Decision Date:	09/11/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 47 year old female with complaints of left upper and lower extremity pain and low back pain. The date of injury is 4/14/98 and the mechanism of injury is a fall injury where she was working at a nursing home, had been lifting a patient, and sustained a concussion and multiple injuries leading to her current symptoms. At the time of request for 1. Prevacid #30 2. Ibuprofen 800mg #90 3. Oxycontin 30mg #60 4. Oxycodone 30mg #30 5. Lidocaine 5% topical cream 5 gram tube, there is subjective (burning neck and low back pain, left upper extremity and lower extremity dysesthesia pain) and objective (pain hypersensitivity left upper/lower extremity, antalgic gait, tenderness to palpation cervical/thoracic/lumbar spine area, marked weakness, contracture, and atrophy of left upper and left lower extremities in a non-dermatomal pattern) findings, imaging findings (cervical spine xray and right shoulder and hand xray after a January 2014 fall incident which shows no acute injuries, cervical epidural leads are viewed with the top electrodes at C2-3 level, noted is a repeated request by the primary treating doctor for CT scan cervical, thoracic, and lumbar spine which have not been approved/completed), diagnoses (CRPS left upper and left lower extremities), and treatment to date (spinal cord stimulator-cervical treating the left upper extremity, medications-documentation of significant decrease in pain scores on progress note dated 5/7/14, physical/occupational therapy). Patients who have adverse effects from long term non-steroidal anti-inflammatory use may add a PPI such as prevacid. There is no documentation of any adverse effects specifically no mention of any gastrointestinal symptomatology. Also, NSAIDs may be used effectively for breakthrough pain or mixed pain syndromes as may occur with Complex Regional Pain syndromes. In regards to opioids, the concept of "long acting" opioids is to stabilize medication levels and provide around the clock analgesia. These are potent opioid medication indicated for severe chronic pain. Furthermore, "short acting" opioids are

effective in treating breakthrough pain and re-establishing therapeutic levels for analgesia particularly for "flare-up" or functional related pain. Finally, there is poor evidence at best for effective analgesia in regards to treatment of CRPS or any type of neuropathic pain with topical lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30 mg- #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 68, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, patients who have adverse effects from long term non-steroidal anti-inflammatory use may add a PPI such as prevacid. There is no documentation of any adverse effects specifically no mention of any gastrointestinal symptomatology so therefore a PPI is not medically necessary.

Ibuprofen 800 mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 68, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS and NSAIDs Page(s): 37-38, 68.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, NSAIDs may be used effectively for breakthrough pain or mixed pain syndromes as may occur with Complex Regional Pain syndromes. Also, they may be effective synergistically with opioid analgesics to treat moderate to severe pain. There is documentation of effectiveness of the combination of medications of which ibuprofen 800mg is part of the regimen. Therefore, it is my opinion that this medication is medically necessary.

OxyContin 30 mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 68, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS and opioids Page(s): 37-38, 75.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, the concept of "long acting" opioids is to stabilize medication levels and provide around the clock analgesia.

These are potent opioid medication indicated for severe chronic pain. As there is documentation of significant pain relief on the current regimen of pain medication including oxycontin 30mg bid, it is my opinion that this medication is medically necessary.

OxyContin 30 mg # 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 68, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS and Opioids Page(s): 37-38, 75.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, "short acting" opioids are effective in treating breakthrough pain and re-establishing therapeutic levels for analgesia particularly for "flare-up" or functional related pain. As there is documentation of significant analgesic effect, oxycodone 30mg prn is medically necessary.

Lidocaine Topical Cream # 5g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 68, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS and topical analgesia Page(s): 37-38, 111.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, there is poor evidence at best for effective analgesia in regards to treatment of CRPS or any type of neuropathic pain with topical lidocaine. Also, there is no documentation of failure of a trial of anti-epileptics. Therefore, lidocaine 5% cream is not medically necessary.