

Case Number:	CM14-0062097		
Date Assigned:	08/08/2014	Date of Injury:	02/23/2012
Decision Date:	09/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Note from 05/15/14 which indicates the insured has right arm pain and complex regional pain syndrome (CRPS). The insured is reported to get side effects from gabapentin and was being weaned off. Amitriptyline was helping depression. The insured is reported to have tried several anticonvulsants including Lyrica, Depakote and now gabapentin without any relief. Medications at that time were nabumetone, prednisone, Norco, amitriptyline and Neurontin. Physical examination described motor strength grossly normal except decreased right upper extremity and right hand being 3/5. There was painful left lateral rotation of the cervical spine and painful right lateral rotation of the cervical spine. In the right upper extremity, there was hyperalgesia and allodynia of the right wrist over the volar healed incision as well as allodynia and erythema with associated edema. Treatment recommendations included ongoing pain management. The insured was reported to be very sensitive to oral opioid medication as a cause for GI upset. She was therefore recommended for topical analgesics. The insured was recommended for weaning dose of gabapentin and to continue Elavil for depression. A stellate ganglion block was performed 05/12/14. May 5, 2014, is an agreed medical examiner's report. The insured had developed symptoms in the right hand and later on the left and has been receiving treatment since 1999. The insured's symptoms worsened in 2010. The insured was diagnosed as C5-C6 disc herniation with significant central canal stenosis and spinal cord compression as well as L3 to L5 disc herniations. Physical examination described tenderness in the neck and upper extremity muscles. There was evidence of synovitis in the right wrist as well as right forearm. There was decreased range of motion and strength on the right. Finkelstein's test was weakly positive. There was decreased strength in the right hand to grip and pinch. There was no vascular insufficiency but Addison's test was weakly positive on the right as well as costoclavicular test positive on the right. There was no evidence of atrophy. There was

decreased sensation to two point discrimination on the right. There was a positive Tinel's on the right and positive Phalen's on the right. The diagnosis was reported as tenosynovitis of the wrist; complex regional pain syndrome type 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

Decision rationale: The medical records provided for review indicate the insured reports that the Neurontin is not providing any relief and as such the medical necessity for continuation is not supported. While Neurontin is supported under MTUS to be potentially useful for treatment of neuropathic pain, its use for the insured has demonstrated no benefit.

Neurontin 300mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

Decision rationale: The medical records provided for review indicate the insured reports that the Neurontin is not providing any relief and as such the medical necessity for continuation is not supported. While Neurontin is supported under MTUS to be potentially useful for treatment of neuropathic pain, its use for the insured has demonstrated no benefit.

Trazadone 100mg #30: 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) - Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Antidepressants Page(s): 122.

Decision rationale: MTUS supports the use of TCA medications for treatment of CRPS but does not support use of more than one TCA at a time. The medical records provided for review indicate treatment of CRPS pain with amitriptyline, a TCA medication like trazodone. The medical records provided for review do not indicate that it is ineffective or not tolerated or

indicate intent to taper and/or discontinue it in consideration of starting a second TCA such as trazodone. Combined use of more than 1 TCA increases risk of serotonin syndrome. Therefore, this request is not medically necessary.

Nabumetone 500mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: MTUS guidelines support the use of NSAID for moderate to severe pain. The medical records support there is moderate to severe pain and that the insured reports some benefit with the nabumetone. Nabumetone is medically necessary.

Prednisone (pak): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal tunnel syndrome Page(s): 264.

Decision rationale: The medical records provided for review do not indicate a condition for which prednisone dose pack is supported under MTUS for treatment. Combined use of prednisone with NSAID (nabumetone) is not supported under MTUS and increases the risk of GI related complications. Therefore, this request is not medically necessary.

Ambien 10mg #30: 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) - Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Zolpidem.

Decision rationale: The medical records provided for review do not indicate the presence of a sleep related disorder that has failed at least 6 months conservative care such as a sleep hygiene program.

Dendracin 025%-30%-10% lotion 120gram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Topical agents.

Decision rationale: ODG guidelines do not support the use of topical analgesic cream if one or more of the content medications is not approved for use. ODG guidelines do not support the use of Dendracin and there is little to no research to support the use of these agents.

Lidoderm 5% (700mg/patch) with 2 refills: Overturned

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

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

Decision rationale: The medical records support the presence of a neuropathic pain condition for which several first therapies are reported to have been tried and failed. ODG guidelines support the use of Lidoderm when: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day).(f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The use of more than one NSAID at one time is not supported under MTUS guidelines. Nabumetone is already noted in the medical records to be used by the insured. This request is not medically necessary.

Amitriptyline 25mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Antidepressants Page(s): 122.

Decision rationale: The medical records report the insured has depressive symptoms which are helped by the use of amitriptyline. MTUS supports the use of TCA for treatment of depression. This request is medically necessary.

Norco 10mg-325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: The medical records provided for review indicate the insured has little improvement in pain with the opioid Norco and as such clinical effectiveness does not support continued use of the medication.

Spinal cord stimulation DVD: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Spinal cord stimulator (SCS).

Decision rationale: ODG guidelines support SCS therapy consideration for condition of CRPS. Information, education of the insured in regard to SCS is supported under ODG and as such an education tool such as DVD is supported.

Vestibular autorotational test: 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) - Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, Vestibular studies.

Decision rationale: Vestibular studies assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other

balance disorders. The medical records provided for review do not indicate physical symptoms of dizziness with vestibular component or indicate positive physical exam findings to support vestibular disorder in support of vestibular testing.