

Case Number:	CM14-0087192		
Date Assigned:	07/23/2014	Date of Injury:	09/05/2011
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 a 32 year old male who sustained an industrial injury on 9/5/2011, when his motorcycle fell on his foot during a training exercise. He sustained injury to the left foot, and underwent surgeries in September 2011. He was subsequently diagnosed with complex regional pain syndrome (CRPS) of the left foot. He underwent placement of spinal cord stimulator in August 2012. Treatment has also included medications, injections, and HELP chronic pain/functional restoration program. The 11/18/2013 PR-2, documents the patient was doing well. He had lower extremity pain of mild to moderate severity. He is working to winterize his home. He is tolerating the pain cocktail. Since he is tolerating the cocktail at the current dose, he is will to have the cocktail unblended and transition into pills. Objective examination documents he is able to transfer and ambulate with SPC and antalgic gait. He has guarded and slightly limited ROM of the left lower extremity due to pain. He has 4/5 strength, and allodynia of the foot. Treatment plan was to unbind the pain cocktail, and continue Cymbalta, Elavil and desensitization program. The recent 7/22/2014 PR-2, documents the patient reports increase in upper back pain with some numbness. Pain is 9/10 without medications and 5/10 with medications. He is able to complete activity of daily livings, walk 100-150 feet with cane, stand 15 mins, sit 45 mins and lift 15 lbs. He continues on Cymbalta for pain control, Gralise, and Elavil for nerve pain. He has poor sleep without medication and denies any falls since the past visit. Examination continues to document the patient transfers from sit to stand with stiffness and guarding, ambulates with a cane and antalgic gait due to left foot pain. He has functional ROM of right lower extremity, limited ROM of the left lower extremities and back. Diagnoses left leg pain, neuropathic left leg pain, and CRPS II. He remains on Temporary Total Disability (TTD). Treatment plan is to continue Cymbalta, Elavil, and Gralise. The 11/18/2013 PR-2 documents the patient was doing well. He had lower extremity pain of mild to moderate severity. He is

working to winterize his home. He is tolerating the pain cocktail. Since he is tolerating the cocktail at the current dose, he is will to have the cocktail unblended and transition into pills. Objective examination documents he is able to transfer and ambulate with SPC and antalgic gait. He has guarded and slightly limited ROM of the left lower extremity due to pain, 4/5 strength, and allodynia of the foot. Treatment plan was to unblind the pain cocktail, and continue Cymbalta, Elavil and desensitization program. The recent 7/22/2014 PR-2 documents the patient reports increase in upper back pain with some numbness. Pain is 9/10 without medications and 5/10 with medications. He is able to complete ADLs, walk 100-150 feet with cane, stand 15 mins, sit 45 mins and lift 15 lbs. He continues on Cymbalta for pain control, Gralise, and Elavil for nerve pain. He has poor sleep without medication. He reports no falls since past visit. Examination continues to document the patient transfers from sit to stand with stiffness and guarding, ambulates with a cane and antalgic gait due to left foot pain. He has functional ROM of right lower extremity, limited ROM of the left LE and back. Diagnoses left leg pain, neuropathic left leg pain, and CRPS II. Remains TTD. Treatment plan is to continue Cymbalta, Elavil, and Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100 Mg: Upheld

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 Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: According to the guidelines, Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has Food and Drug Administration (FDA) approval for both indications, and is considered first-line treatment for both. Lyrica is recommended for neuropathic pain. Gabapentin is recommended for treatment of complex regional pain syndrome (CRPS). The patient is also taking Gabapentin, which is recommended for his diagnosis. There is no rationale provided to support utilizing to multiple AED medications, which provided the same function. The medical necessity of Lyrica has not been established. The request is not medically necessary.

Tizanidine: Upheld

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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low

back pain. Tizanidine (Zanaflex, generic available) is a centrally acting alpha-2adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not establish the patient presents with acute spasms on examination as to support the medical necessity of a muscle relaxant in the treatment of this patient's complaints. The request is not medically necessary.

Blinded Pain Cocktail: Upheld

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 Complex Regional Pain Syndrome (CRPS); CRPS, treatment Page(s): 40.

Decision rationale: The CA MTUS guidelines outline complex regional pain syndrome (CRPS) pharmacologic pain management may include anti-depressants (particularly amitriptyline); anticonvulsants (particularly gabapentin); steroids; non-steroidal anti-inflammatory drugs (NSAIDs); opioids; calcitonin; bisphosphonates; -1 adrenoceptor antagonists (terazosin or phenoxybenzamine). The documentation indicates the blinded cocktail contains Tizanidine and Gabapentin. The purpose of blinded pain cocktail is to decrease neuropathic pain. According to the 11/18/2013 progress report, the patient was tolerating his pain and was willing to transition to pills for pain management. The medical records reflect that the patient continues to remain functional and independent with activity of daily livings (ADLS) with his oral pain medication regimen, which provides adequate pain control. The patient is already utilizing Gabapentin in pill formulation with benefit. The medical necessity of Tizandine is not established. The medical records do not establish the medical necessity of the request for return to blinded pain cocktail. The request is not medically necessary.