

Case Number:	CM15-0192697		
Date Assigned:	10/06/2015	Date of Injury:	06/04/1991
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 58 year old female, who sustained an industrial injury on 6-4-91. The injured worker is being treated for complex regional pain syndrome of right upper extremity, carpal tunnel syndrome, insomnia, depression, hypothyroid and multiple surgeries to left knee. Treatment to date has included oral medications including Avinza, Cymbalta, Desipramine, Docusate sodium, Levoxyl, Lisinopril, MS ER, MSIR 30mg (since at least 3-3-15), Oxcarbazepine, Senokot and Urosodiol; knee surgery, wrist surgery and activity modifications. (It is noted she did not see a physician for shoulder pathology and did not obtain ganglion blocks. Currently, the injured worker complains of stiffness and tenderness of bilateral wrist and hands, it is worsened with lifting and activity and rated 7 out of 10 on pain scale. She describes the pain and aching, dull, pressure, shooting, stabbing, tingling, numbness, soreness, pain, heavy, swelling and radiates to the shoulders. She reports continued benefit with medications. Urine drug screen performed on 5-27-15 was consistent with medications prescribed. She reports 80% improvement in pain with use of all medications. Documentation did not include duration of pain relief or pain level prior to and after medication administration. Disability status is noted to be permanent and stationary. Physical exam performed on 8-19-15 revealed normal gait, unable to shake hands with right hand due to pain, pain with palpation of right wrist which is noted to be out of proportion to stimuli, pain with movement of right wrist, limited range of motion of right upper extremity and soft tissue swelling with purpling with component of mottling and decreased strength. On 8-19-15 a request for authorization was submitted for MSIR 30mg #60 and spinal

cord stimulator trial. On 9-2-15 a request for MSIR 30mg #60 was modified to #30 and spinal cord stimulator trial was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trials: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS).

Decision rationale: The patient presents with hand and wrist pain. The request is for spinal cord stimulator trials. The request for authorization is dated 08/19/15. Patient's diagnoses include CRPS right upper extremity with mirror image findings on left upper extremity; carpal tunnel syndrome; insomnia secondary to pain; depression; hypothyroid; cholelithiasis; asthma; multiple surgeries to left knee. Physical examination reveals the patient is unable to shake hands with her right hand due to pain. Upon palpation of her right wrist (both dorsal and ventral) there is pain out of proportion to the stimuli. Pain upon right wrist movement. The patient has been continuing to note substantial benefit of the medications, and she has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS done on 05/27/15 are WNL as they all are, she has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 80% improvement in pain. Patient's medications include Avinza, Cymbalta, Desipramine, Docusate Sodium, Levoxyl, Lisinopril, Morphine Sulfate, MSIR, Oxcarbazepine, Senokot, and Ursodiol. Per progress report dated 08/19/15, the patient is permanent and stationary per PTP. MTUS Guidelines, pages 105 to 107, Spinal Cord Stimulators (SCS) section has the following: "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial." MTUS Guidelines, page 101, Psychological Evaluations, IDDS and SCS (Intrathecal Drug Delivery Systems and Spinal Cord Stimulators) section states the following: Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. The MTUS Guidelines, page 101, under Indications For Stimulator Implants has the following: "Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar." Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate. Post herpetic neuralgia, 90% success rate. "Spinal cord injury dysesthesias (pain in lower extremities associated with spinal

cord injury)." Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. Per progress report dated 08/19/15, treater's reason for the request is "Shows a significant decreased range of motion right upper extremity, obvious findings for intraarticular shoulder pathology with impingement syndrome, obvious findings for regional pain syndrome affecting all of her right upper extremity; left modestly so and right is significantly so. She has gelling against range of motion of her joints, pain out of proportion to expected physical exam, topical allodynia, soft tissue swelling and purpling with component of mottling; decreased strength and increased pain behavior with provocative maneuvers. She has clearly defined CRPS objective findings in comparison to her left upper extremity which shows an obvious decrease in strength, muscle mass and bulk though there is modest decrease in tone." Per progress report dated 08/26/15, treater states, "the patient has been seen in the HOPE program and although it was indicated to be a biopsychosocial program the patient only saw [REDACTED] whom is a psychiatrist and from my understanding has been cleared for a spinal cord stimulator trial." In this case, the patient has been diagnosed with CRPS and has received psychological evaluation clearance. The patient appears to be a suitable candidate as indicated per guidelines for a Spinal Cord Stimulator Trial. Therefore, the request is medically necessary.

MSIR (Morphine Sulfate Immediate Release) 30mg, #60 1 PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The patient presents with hand and wrist pain. The request is for MSIR (morphine sulfate immediate release) 30mg, #60 1 po bid. The request for authorization is dated 08/19/15. Patient's diagnoses include CRPS right upper extremity with mirror image findings on left upper extremity; carpal tunnel syndrome; insomnia secondary to pain; depression; hypothyroid; cholelithiasis; asthma; multiple surgeries to left knee. Physical examination reveals the patient is unable to shake hands with her right hand due to pain. Upon palpation of her right wrist (both dorsal and ventral) there is pain out of proportion to the stimuli. Pain upon right wrist movement. The patient has been continuing to note substantial benefit of the medications, and she has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS done on 05/27/15 are WNL as they all are, she has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 80% improvement in pain. Patient's medications include Avinza, Cymbalta, Desipramine, Docusate Sodium, Levoxyl, Lisinopril, Morphine Sulfate, MSIR, Oxcarbazepine, Senokot, and Ursodiol. Per progress report dated 08/19/15, the patient is permanent and stationary per PTP. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires

documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Treater does not specifically discuss these medications. Review of provided medical records show the patient was prescribed MSIR on 03/03/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Morphine Sulfate significantly improves patient's activities of daily living with specific examples. Analgesia is discussed, specifically showing significant pain reduction with use of Morphine Sulfate. There is discussion regarding adverse effects and aberrant drug behavior. A urine drug screen dated 05/27/15 is provided for review. In this case, the treater has discussed most but not all of the 4A's as required by MTUS. ADL's are not addressed showing significant improvement. Therefore, the request is not medically necessary.