

Case Number:	CM15-0200792		
Date Assigned:	11/10/2015	Date of Injury:	04/04/2003
Decision Date:	12/21/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 34 year old male, who sustained an industrial injury on 4-04-2003. The injured worker was diagnosed as having reflex sympathetic dystrophy. Treatment to date has included left thumb surgeries, multiple intravenous regional sympathetic blocks for the left upper extremity, physical therapy, and medications. On 8-20-2015, the injured worker complains of left shoulder and arm pain, not rated. He reported that playing video games and coaching football were the best distractions for pain. He reported taking Norco 10-325mg, 12 or more per day. Methadone was discussed and he agreed to try it. Exam of the left hand noted scars from elbow to fingers, allodynia from upper arm to fingers, pain to palpation, and a reported sensation of warmth in his entire arm. Urine toxicology (3-05-2015, 5-23-2015, 8-20-2015) was consistent with reported medications. The use of Norco was noted for greater than two years. He reported that narcotic pain medications "help him function in activities of daily living". Pain management supplemental note (11-14-2014) documented that intravenous regional sympathetic blocks provided significant pain relief that lasts 5 days. On 9-08-2015 Utilization Review non-certified a request for Methadone 10mg #90, Norco 10-325mg #360, and 1 intravenous regional sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Methadone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone 10 mg #90 is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists where first-line use may be appropriate. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details see the guidelines. In this case, the injured worker's working diagnoses are reflex sympathetic dystrophy. Date of injury is April 4, 2003. Request authorization is August 25, 2015. Utilization review indicates Norco was prescribed as far back as May 2009. Additional medications include OxyContin, Valium and Xanax. The utilization reviewer recommended weaning and discontinuing Norco as far back as February 6, 2014. The injured worker takes Norco 12 tablets per day. There is no documentation demonstrating objective functional improvement. The injured worker receives at least 11 IV sympathetic blocks since 2007. Sympathetic blocks provide 5 to 6 days of relief. There is no documentation demonstrating objective functional improvement with the IV sympathetic blocks. The treating provider is attempting a trial of methadone. The morphine equivalent dose (MED) is 150. Up to 120 is normal. Ongoing medications include OxyContin 10 mg b.i.d. and Norco 10/325 mg, 12 tablets per day. The MED 150 exceeds the recommended upper limit of 120 and an additional opiate is not clinically indicated. The injured worker was instructed on tapering/weaning Norco multiple times. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and an elevated MED, Methadone 10 mg #90 is not medically necessary.

Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 360 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status,

appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are reflex sympathetic dystrophy. Date of injury is April 4, 2003. Request authorization is August 25, 2015. Utilization review indicates Norco was prescribed as far back as May 2009. Additional medications include OxyContin, Valium and Xanax. The utilization reviewer recommended weaning and discontinuing Norco as far back as February 6, 2014. The injured worker takes Norco 12 tablets per day. There is no documentation demonstrating objective functional improvement. The injured worker receives at least 11 IV sympathetic blocks since 2007. Sympathetic blocks provide 5 to 6 days of relief. There is no documentation demonstrating objective functional improvement with the IV sympathetic blocks. The treating provider is attempting a trial of methadone. The morphine equivalent dose (MED) is 150. Up to 120 is normal. Ongoing medications include OxyContin 10 mg b.i.d. and Norco 10/325 mg, 12 tablets per day. As noted above, there is no documentation demonstrating objective functional improvement to support ongoing Norco. The MED is elevated at 150. The utilization reviewer recommended tapering Norco as far back as February 6, 2014 and the treating provider continues to prescribe Norco. There are no detailed pain assessments or risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and elevated MED at 150, recommendations to wean with noncompliance, no documentation demonstrating objective functional improvement and no detailed pain assessments or risk assessments, Norco 10/325mg # 360 is not medically necessary.

Intravenous Regional Sympathetic Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bier's block. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Intravenous Regional Sympathetic Blocks; CRPS, sympathetic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) IV Regional sympathetic block.

Decision rationale: Pursuant to the Official Disability Guidelines, intravenous regional sympathetic block is not medically necessary. Intravenous regional sympathetic blocks for RSD/CRPS are not recommended due to lack of evidence for use. In this case, the injured worker's working diagnoses are reflex sympathetic dystrophy. Date of injury is April 4, 2003. Request authorization is August 25, 2015. Utilization review indicates Norco was prescribed as far back as May 2009. Additional medications include OxyContin, Valium and Xanax. The utilization reviewer recommended weaning and discontinuing Norco as far back as February 6, 2014. The injured worker takes Norco 12 tablets per day. There is no documentation demonstrating objective functional improvement. The injured worker receives at least 11 IV

sympathetic blocks since 2007. Sympathetic blocks provide 5 to 6 days of relief. There is no documentation demonstrating objective functional improvement with the IV sympathetic blocks. The treating provider is attempting a trial of methadone. The morphine equivalent dose (MED) is 150. Up to 120 is normal. Ongoing medications include OxyContin 10 mg b.i.d. and Norco 10/325 mg, 12 tablets per day. As noted above, there is no documentation demonstrating objective functional improvement to support ongoing Norco. The MED is elevated at 150. The utilization reviewer recommended tapering Norco as far back as February 6, 2014 and the treating provider continues to prescribe Norco. As noted above, IV regional sympathetic blocks provided 5 to 6 days of pain relief. The injured worker received, at a minimum, 11 sympathetic blocks since 2007. There is no documentation demonstrating objective functional improvement to support ongoing regional sympathetic blocks. Additionally, intravenous regional sympathetic blocks for RSD/CRPS are not recommended due to lack of evidence for use. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior synthetic blocks (at a minimum, 11 blocks) and guideline non-recommendations, intravenous regional sympathetic block is not medically necessary.