

Case Number:	CM15-0023124		
Date Assigned:	02/12/2015	Date of Injury:	04/28/2014
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old male, who sustained an industrial injury on 4/28/14. On 2/6/15, the injured worker submitted an application for IMR for review of Lyrica 25mg #180, and Norco 10/325mg #90, and Cymbalta 30mg #7, and Cymbalta 60mg #30 with 1 refill, and Trial of a spinal cord stimulator, 7 days, and Brace, and Passive range of motion machine. The treating provider has reported the injured worker complained of right upper extremity pain for past seven months with description of excruciating pain most severe distally in the right dorsal hand and wrist as well as palmer aspect of the hand traveling to the entire right upper extremity to the right neck. The diagnoses have included complex regional pain syndrome affecting right upper extremity, type I. Treatment to date has included x-rays, brachial plexus nerve blocks, and Stellate ganglion blocks. On 1/20/15 Utilization Review NON-CERTIFIED THE FOLLOWING REQUESTS: Lyrica 25mg #180, and Cymbalta 30mg #7, and Cymbalta 60mg #30 with 1 refill, and Trial of a spinal cord stimulator, 7 days, and Brace, and Passive range of motion machine, and MODIFIED THIS REQUEST: Norco 10/325mg #90 for titrating to complete discontinuation. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60 Page(s): 18-19, 60.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for right upper extremity CRPS. Treatments have included physical therapy, medications and interventional care with nerve and sympathetic blocks. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guidelines recommendations and therefore medically necessary.

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for right upper extremity CRPS. Treatments have included physical therapy, medications and interventional care with nerve and sympathetic blocks. Medications include Norco at a total MED (morphine equivalent dose) of 45 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, and poor pain control appears related to being unable to obtain medications. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Cymbalta 30mg #7: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44 Page(s): 43-44.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for right upper extremity CRPS. Treatments have included physical therapy, medications and interventional care with nerve and sympathetic blocks. In terms of

Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The claimant's dose is being increased and therefore the request is medically necessary.

Cymbalta 60mg #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44 Page(s): 43-44.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for right upper extremity CRPS. Treatments have included physical therapy, medications and interventional care with nerve and sympathetic blocks. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The claimant's dose is being increased and therefore the request is medically necessary.

Trial of a spinal cord stimulator, 7 days: Upheld

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 (Chronic), Spinal cord stimulators (SCS) Psychological.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for right upper extremity CRPS. Treatments have included physical therapy, medications and interventional care with nerve and sympathetic blocks. This request is for a stimulator trial prior to consideration of an implantable stimulator. Indications for consideration of stimulator implantation include CRPS as in this case. However, a psychological clearance is required before the trial and the claimant has not undergone this evaluation. Therefore, the requested spinal cord stimulator trial is not medically necessary at this time.

Brace: Upheld

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 CRPS treatment.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for right upper extremity CRPS. Treatments have included physical therapy, medications and interventional care with nerve and sympathetic blocks. Rehabilitation treatment for CRPS includes active range of motion rather than use of a brace or CPM. This request is therefore not medically necessary.

Passive range of motion machine: Upheld

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 CRPS treatment.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for right upper extremity CRPS. Treatments have included physical therapy, medications and interventional care with nerve and sympathetic blocks. Rehabilitation treatment for CRPS includes active range of motion rather than use of a brace or CPM. This request is therefore not medically necessary.