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| Case Number: | CM15-0046719 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 01/19/2012 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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 55-year-old female who reported an injury on 01/19/2012. The mechanism of injury was not provided. She is diagnosed with possible complex regional pain syndrome to the right lower extremity, status post right total knee replacement, and symptomatic osteoarthritis of the left knee. Her past treatments were noted to include surgery and medications. The most recent clinical note provided for review dated 02/10/2015 indicated that she had right knee and leg pain rated 8/10 to 10/10. It was also noted that she developed left knee pain due to compensation. Objective findings included hyperesthesia through the right lower extremity, swelling in the ankle and foot, decreased range of motion at the right knee, mildly decreased motor strength in extension of the right knee, and decreased range of motion of the left knee. The treatment plan included a pain management consultation, a sympathetic nerve block for complex regional pain, and refills of Celebrex and Voltaren gel. It was noted that she may use 1 or the other. It was also noted that she could take gabapentin 300 mg 3 times per day. Rationale for these requests was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic nerve block for complex regional pain: 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 chapter, CRPS, sympathetic blocks (therapeutic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

Decision rationale: According to the California MTUS Guidelines, sympathetic blocks for CRPS are recommended primarily for a diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. The clinical information submitted for review indicated that the injured worker had findings suggestive of CRPS to include hyperesthesia, edema, decreased range of motion, and mildly decreased motor strength. However, the documentation did not adequately address whether other diagnoses have been ruled out to date. In addition, she was noted to have had a previous right total knee replacement, which could account for some of her symptoms. The guidelines specify that sympathetic blocks are only recommended as an adjunct to facilitate physical therapy. The documentation did not indicate that the injured worker had failed previous physical therapy or that there was a plan for physical therapy after the recommended block. For these reasons, the request is not medically necessary.

Celebrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30, 111-113, 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended at the lowest effective dose for the shortest duration of time due to the significant adverse effects associated with use of these medications. The documentation indicated that the injured worker had had previous adverse effects to ibuprofen and Naprosyn, which reportedly caused GI distress. Therefore, Celebrex had been recommended. However, the 02/10/2015 clinical note failed to adequately outline effectiveness of this medication in terms of quantified pain relief and functional improvement. In the absence of documentation to support that this medication has been effective, continued use is not supported. In addition, the request as submitted did not include a dose, frequency, or quantity. For these reasons, the request is not medically necessary.

Voltaren Gel 1 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 30, 111-113, 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical Voltaren gel is recommended to treat pain from osteoarthritis in joints that lend themselves to topical treatment. The clinical information submitted for review indicated that the injured worker did have osteoarthritis related to the bilateral knees. Therefore, Voltaren gel would be appropriate for this condition. However, the 12/09/2014 clinical note stated that the injured worker had no previous relief with use of Voltaren gel and the 02/10/2015 clinical note did not indicate that she had any significant benefit from use of this topical analgesic. Therefore, continued use is not supported. In addition, the request as submitted did not include a frequency or quantity. As such, the request is not medically necessary.

Gabapentin 300mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 30, 111-113, 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: According to the California MTUS Guidelines, antiepilepsy drugs are recommended to treat neuropathic pain conditions. The ongoing use of these medications should be based on documentation of significant pain relief and functional improvement with use. The clinical information submitted for review failed to include details regarding the injured worker's use of gabapentin, to include duration of use. Further, the 02/10/2015 clinical note did not adequately outline that this medication had been beneficial with documentation of quantified pain relief and functional improvement. In the absence of this documentation, the request for gabapentin is not supported. As such, the request is not medically necessary.