

<b>Case Number:</b>	CM15-0048312		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/12/2001
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on January 12, 2001. The injured worker was diagnosed as having neuralgia and reflex sympathetic dystrophy syndrome (RSD). Treatment and diagnostic studies to date have included physical therapy, injections and medications. A progress note dated January 30, 2015 provides the injured worker complains of right arm pain. Physical exam notes tenderness on palpation of right arm. The plan includes medication, physical therapy and spinal cord stimulator. The injured worker is working as a typist. She has undergone psychological clearance of spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines RSD (reflex sympathetic dystrophy), CRPS, treatment, Opioids Page(s): 140; 40; 74-96.

**Decision rationale:** According to the MTUS guidelines, the new name for Reflex sympathetic dystrophy (RSD) is CRPS I. The MTUS guidelines state that pharmacological treatment for CRPS consists of antidepressants (particularly amitriptyline); anticonvulsants (particularly gabapentin); steroids; NSAIDs; opioids; calcitonin; bisphosphonates; alpha 1 adrenoceptor antagonists (terazosin or phenoxybenzamine). With regards to opioids, the MTUS guidelines state that opioids may be continued if there has been improvement in pain and function. In this case, the injured worker is diagnosed with RSD and is pending spinal cord stimulator. She is working and there is no evidence of abuse or diversion. As such, the request for Percocet would be supported at this time. The request for Percocet 10/325mg #150 is medically necessary and appropriate.

**Motrin 800mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines RSD (reflex sympathetic dystrophy); CRPS, treatment; Motrin Page(s): 140; 40; 71.

**Decision rationale:** According to the MTUS guidelines, the new name for Reflex sympathetic dystrophy (RSD) is CRPS I. The MTUS guidelines state that pharmacological treatment for CRPS consists of antidepressants (particularly amitriptyline); anticonvulsants (particularly gabapentin); steroids; NSAIDs; opioids; calcitonin; bisphosphonates; alpha 1 adrenoceptor antagonists (terazosin or phenoxybenzamine). In this case, the injured worker is diagnosed with RSD and is not reporting adverse affects with the use of Motrin. With the current medication regimen, the injured worker has been able to continue working. The request for Motrin 800mg #90 is medically necessary and appropriate.

**Tramadol ER 100mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. In this case, the injured worker has neuropathic pain and the request for Tramadol would be supported to address the chronic neuropathic pain associated with the diagnosis of reflex sympathetic dystrophy. The request for Tramadol ER 100mg #30 is medically necessary and appropriate.