

Case Number:	CM15-0083009		
Date Assigned:	05/05/2015	Date of Injury:	10/04/2012
Decision Date:	07/09/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old female injured worker suffered an industrial injury on 10/04/2012. The diagnoses included chronic regional pain syndrome, right upper extremity. The injured worker had been treated with medications, nerve block and physical therapy. On 3/9/2015, the treating provider reported the injured worker had become debilitated by a tremendous degree of paresthesias, burning and shooting pain going through the entire right arm, neck and head. The pain level was down to about 4/10 with all of the medications. Without the medications she is unable to sleep whatsoever. The pain rises to 6 to 7/10 while doing activities with the right arm. The treatment plan included Lyrica, EMG/NCV of the right upper extremities, Norco, Gabapentin, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs Page(s): 16-19.

Decision rationale: The injured worker sustained a work related injury on 10/04/2012. The medical records provided indicate the diagnosis of chronic regional pain syndrome, right upper extremity. Treatments have included medications, nerve block and physical therapy. The medical records provided for review do not indicate a medical necessity for Lyrica 75mg #60 with 1 Refill. Pregabalin (Lyrica) is an antiepilepsy drug. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back. The medical records indicate she had has little improvement from the use of this drug, failed to document the 30% or more pain reduction from this drug, which is the required condition for the continued use of the drug. Therefore, the requested medical treatment is not medically necessary.

EMG/NCV of the right upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 35-36.

Decision rationale: The injured worker sustained a work related injury on 10/04/2012. The medical records provided indicate the diagnosis of chronic regional pain syndrome, right upper extremity. Treatments have included medications, nerve block and physical therapy. The medical records provided for review do indicate a medical necessity for EMG/NCV of the right upper extremities. The medical records indicate the injured worker has been diagnosed of chronic regional pain syndrome. The clinical features of the injured worker include allodynia, nondermatomal pattern of hyperesthesia, sensory loss in the right upper limb. The MTUS states, "There are no objective gold-standard diagnostic criteria for CRPS I or II. A comparison between three sets of diagnostic criteria for CRPS I concluded that there was a substantial lack of agreement between different diagnostic sets. " As part of the diagnostic criteria for the diagnosis of CRPS-II (causalgia), the MTUS recommends suggested that Nerve damage can be detected by EMG but pain is not contained to that distribution. The Official Disability Guidelines states, "Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well- established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electro diagnostic studies. " Therefore, the requested medical treatment is medically necessary.

Norco 10/325mg # 240 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 10/04/2012. The medical records provided indicate the diagnosis of chronic regional pain syndrome, right upper extremity. Treatments have included medications, nerve block and physical therapy. The medical records provided for reviews do not indicate a medical necessity for Norco 10/325mg # 240 with 1 Refill the MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she has been using this medication at least since 2012, but with no overall improvement. Therefore, the requested medical treatment is not medically necessary.

Gabapentin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The injured worker sustained a work related injury on 10/04/2012. The medical records provided indicate the diagnosis of chronic regional pain syndrome, right upper extremity. Treatments have included medications, nerve block and physical therapy. The medical records provided for review do not indicate a medical necessity for Gabapentin 800mg #90. Gabapentin is an antiepilepsy drug. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain. Although the use medical records indicate she has been using this medication at least since 11/2013, there records do not indicate she has had 30% or more pain reduction from this drug.

Soma 350mg #90 With 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on 10/04/2012. The medical records provided indicate the diagnosis of chronic regional pain syndrome, right upper extremity. Treatments have included medications, nerve block and physical therapy. The medical records provided for review do not indicate a medical necessity for Soma 350mg #90 With 1 Refill. Soma (Carisprodel) is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The recommended dosing of Soma is 250 mg-350 mg four times a day for 2-3 weeks, but the medical records indicate she has been using this medication at least since 02/2014. Therefore, the requested medical treatment is not medically necessary.