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| Case Number: | CM14-0173534 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 05/03/2006 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 woman diagnosed with complex regional pain syndrome (CRPS) of the left upper extremity and right lower extremity, left rotator cuff tendinitis, AC joint arthritis, left L4-5 disc bulge and reactive depression due to chronic pain. She has been receiving prescriptions for Opana ER 5 mg twice daily for chronic intractable pain and Flector 1.3% patches every 12 hours when necessary. The medical records were reviewed. Objective findings include VAS score 8-9, slightly cool left hand, and impaired cervical range of motion and associated notable spasms over the left trapezius muscle and cervical paraspinal muscles, hyperesthetic extremities and positive right straight leg raise test. For the diagnoses of CRPS requests are made for Opana ER 5 mg, Flector patch 1.3%, Omeprazole 20 mg and Lexapro 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS medications Page(s): 37-38.

Decision rationale: The injured worker is being treated for chronic pain syndrome notably indicative of complex regional pain syndrome (CRPS) involving the left upper extremity and right lower extremity. Progress note from 9/8/14 indicates continued pain level 9/10 with definite pain relief with Opana and Nortriptyline. It is felt that pain flare ups were due to running out of Celebrex and Topamax. There are no notations of the body part application or response to Flector 1.3% patches. MTUS guidelines indicate that opioids may be recommended as first-line treatment for neuropathic pain while titrating a first line drug, treatment of episodic exacerbations or treatment of neuropathic cancer pain. Opana is being provided as a first line treatment of pain without titration of a first line drug and it has remained on a regular dose chronically. Opana 5 mg twice a day as requested does not meet MTUS guidelines and is therefore not medically necessary.

1 box of Flector patches 1.3%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82-83.

Decision rationale: The injured worker is being treated for chronic pain syndrome notably indicative of CRPS involving the left upper extremity and right lower extremity. Progress note from 9/8/14 indicates continued pain level 9/10 with definite pain relief with Opana and Nortriptyline. It is felt that pain flare ups were due to running out of Celebrex and Topamax. There are no notations of the body part being applied or response to Flector 1.3% patches. MTUS guidelines indicate that NSAIDs are recommended for CRPS primarily in the early or very late stages. The patient has already been taking Celebrex 200 mg but ran out on 9/8/14. It is unclear based on the documentation whether Celebrex and Flector 1.3% will be used simultaneously. There is no rationale provided to clinically justify use of 2 different NSAIDs. It is also unclear as to what dose of Flector is being prescribed and what body parts are being treated. Flector 1.3% does not meet the aforementioned MTUS guidelines as written and is therefore not medically necessary.