

<b>Case Number:</b>	CM15-0011492		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/01/1997
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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:

This 60-year-old female sustained a cumulative trauma work-related injury due to typing on 7/1/1997. Progress notes dated 12/31/2014 state her diagnoses as RSD (Reflex Sympathetic Dystrophy), upper limb, ulnar neuropathy, shoulder pain, mood disorder and pain in ear. She reports a left neck mass was removed and neck pain is worse due to positioning during surgery. Previous treatments include pain medication, topical analgesics, left stellate ganglion block (SGB), spinal cord stimulator trial, acupuncture and steroids. The treating provider requests Gabapentin 300 mg #60; Alendronate sodium 40mg, #30; Oxycontin 80 mg, #120 and Norco 10-325 mg, #150. The Utilization Review on 1/15/2015 non-certified Gabapentin 300 mg #60; Alendronate sodium 40mg, #30; Oxycontin 80 mg, #120 and Norco 10-325 mg, #150, citing CA MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** Based on the 12/31/14 progress report provided by treating physician, the patient presents with bilateral upper extremity pain rated 6/10 with and 10/10 without medications, and RSD. The patient is status post transposition of right ulnar nerve September 2002 with resultant right reflex sympathetic dystrophy. The request is for GABAPENTIN 300MG #60. RSD Acute chronic flare continues mainly affecting bilateral upper extremities and spreading now to left side face including left ear. The patient has an antalgic gait and ambulates with a cane. Patient's diagnosis per Request for Authorization form dated 01/09/14 includes RSD upper limb, ulnar neuropathy, shoulder pain, mood disorder and pain in ear. Per treater report dated 12/31/14, "patient notes that her facial RSD pain and swelling has reduced and that the medications are helpful to take the edge off of her pain and improve her quality of life." Patient has increased activity level and is taking medications as prescribed. Treater states that with medications, patient can lift 5 pounds, stand 30 minutes, sit 60 minutes, walk 2 blocks, perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for 40 minutes and use the computer for 30 minutes. Patient's medications include Gabapentin, Alendronate, Oxycontin, Norco, Venlafaxine, Etodolac, Zantac, Calcitrate, Lidoderm patch. Patient is on home exercise program. The patient is permanent and stationary, and currently not working. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin has been included in patient's prescriptions per treater reports dated 08/30/13, 11/19/14, and 01/06/15. Treater has documented functional benefit with the medication. Given patient's diagnosis, the request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

**Alendronate Sodium 40mg #30:** Overturned

**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 Pain chapter, CRPS

**Decision rationale:** Based on the 12/31/14 progress report provided by treating physician, the patient presents with bilateral upper extremity pain rated 6/10 with and 10/10 without medications, and RSD. The patient is status post transposition of right ulnar nerve September 2002 with resultant right reflex sympathetic dystrophy. The request is for ALENDRONATE SODIUM 40MG #30. RSD Acute chronic flare continues mainly affecting bilateral upper extremities and spreading now to left side face including left ear. The patient has an antalgic gait and ambulates with a cane. Patient's diagnosis per Request for Authorization form dated 01/09/14 includes RSD upper limb, ulnar neuropathy, shoulder pain, mood disorder and pain in ear. Per treater report dated 12/31/14, "patient notes that her facial RSD pain and swelling has reduced and that the medications are helpful to take the edge off of her pain and improve her quality of life." Patient has increased activity level and is taking medications as prescribed.

Treater states that with medications, patient can lift 5 pounds, stand 30 minutes, sit 60 minutes, walk 2 blocks, perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for 40 minutes and use the computer for 30 minutes. Patient's medications include Gabapentin, Alendronate, Oxycontin, Norco, Venlafaxine, Etodolac, Zantac, Calcitrate, Lidoderm patch. Patient is on home exercise program. The patient is permanent and stationary, and currently not working. ODG-TWC, Pain (Chronic) Chapter, under CRPS, medications states: "Recommended only as indicated below. 5. Treatment of bone resorption and resultant pain with bisphosphonate-type compounds and calcitonin. Bisphosphonates include alendronate, ibandronate, risedronate, zoledronate, etidronate, and pamidronate." Per progress report dated 12/31/14, treater states "continue trial: Alendronate... patient notes that the Alendronate may be helping her RSD flare has resolved, she continues to monitor." The request appears reasonable and in accordance with guideline indication. Given documentation of benefit, the request IS medically necessary.

**Oxycontin 80 mg #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 12/31/14 progress report provided by treating physician, the patient presents with bilateral upper extremity pain rated 6/10 with and 10/10 without medications, and RSD. The patient is status post transposition of right ulnar nerve September 2002 with resultant right reflex sympathetic dystrophy. The request is for OXYCONTIN 80MG #120. RSD Acute chronic flare continues mainly affecting bilateral upper extremities and spreading now to left side face including left ear. The patient has an antalgic gait and ambulates with a cane. Patient's diagnosis per Request for Authorization form dated 01/09/14 includes RSD upper limb, ulnar neuropathy, shoulder pain, mood disorder and pain in ear. Patient's medications include Gabapentin, Alendronate, Oxycontin, Norco, Venlafaxine, Etodolac, Zantac, Calcitrate, Lidoderm patch. Patient is on home exercise program. The patient is permanent and stationary, and currently not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Oxycontin has been included in patient's prescriptions per treater reports dated 08/30/13, 11/19/14, and 01/06/15, and is prescribed for long-term pain control. Per treater report dated 12/31/14, "patient notes that her facial RSD pain and swelling has reduced and that the medications are helpful to take the edge off of her pain and improve her quality of life." Patient has increased activity level and is taking medications as prescribed. Treater states that with medications, patient can lift 5 pounds, stand 30 minutes, sit 60 minutes, walk 2 blocks, perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for 40 minutes and use the computer for 30 minutes. Per treater report dated 12/31/14, urine toxicology results from

10/08/14 were consistent with prescription medications. Patient "does not exhibit adverse behavior to indicate addiction." Patient denies adverse effects from medications. In this case, the 4A's have been properly addressed, and treater has documented how Oxycontin reduces pain and significantly improves patient's activities of daily living. Given adequate documentation as required by MTUS, the request IS medically necessary.

**Norco 10-325 mg #150:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 12/31/14 progress report provided by treating physician, the patient presents with bilateral upper extremity pain rated 6/10 with and 10/10 without medications, and RSD. The patient is status post transposition of right ulnar nerve September 2002 with resultant right reflex sympathetic dystrophy. The request is for NORCO 10-325MG #150. RSD Acute chronic flare continues mainly affecting bilateral upper extremities and spreading now to left side face including left ear. The patient has an antalgic gait and ambulates with a cane. Patient's diagnosis per Request for Authorization form dated 01/09/14 includes RSD upper limb, ulnar neuropathy, shoulder pain, mood disorder and pain in ear. Per treater report dated 12/31/14, "patient notes that her facial RSD pain and swelling has reduced and that the medications are helpful to take the edge off of her pain and improve her quality of life." Patient has increased activity level and is taking medications as prescribed. Treater states that with medications, patient can lift 5 pounds, stand 30 minutes, sit 60 minutes, walk 2 blocks, perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for 40 minutes and use the computer for 30 minutes. Patient's medications include Gabapentin, Alendronate, Oxycontin, Norco, Venlafaxine, Etodolac, Zantac, Calcitrate, Lidoderm patch. Patient is on home exercise program. Per treater report dated 12/31/14, urine toxicology results from 10/08/14 were consistent with prescription medications. Patient "does not exhibit adverse behavior to indicate addiction." Patient denies adverse effects from medications. The patient is permanent and stationary, and currently not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's prescriptions per treater reports dated 08/30/13, 11/19/14, and 01/06/15, and is prescribed for breakthrough pain. Per treater report dated 12/31/14, "patient notes that her facial RSD pain and swelling has reduced and that the medications are helpful to take the edge off of her pain and improve her quality of life." Patient has increased activity level and is taking medications as prescribed. Treater states that with medications, patient can lift 5 pounds, stand 30 minutes, sit 60 minutes, walk 2 blocks, perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for 40 minutes and use the computer for

30 minutes. Per treater report dated 12/31/14, urine toxicology results from 10/08/14 were consistent with prescription medications. Patient "does not exhibit adverse behavior to indicate addiction." Patient denies adverse effects from medications. In this case, the 4A's have been properly addressed, and treater has documented how Oxycontin reduces pain and significantly improves patient's activities of daily living. Given adequate documentation as required by MTUS, the request IS medically necessary.