

Case Number:	CM15-0125342		
Date Assigned:	07/09/2015	Date of Injury:	03/09/2009
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male, who sustained an industrial injury on 3/09/2009. The details of the initial injury were not clearly documented in the records submitted for this review. Diagnoses include complex regional pain syndrome (CRPS) of the right upper extremities; status post right shoulder surgery and three surgeries in the right hand. Treatments to date include activity modification, anti-inflammatory, narcotic, therapeutic injections, acupuncture treatments and physical therapy. Currently, he complained of ongoing pain and weakness to right upper extremity including shoulder, wrist and hand with radiation to the neck and upper back. Pain was rated 8/10 VAS without medication and 3/10 VAS with medication. On 4/22/15, the physical examination documented tenderness, weakness and alteration to sensation in right upper extremities with decreased range of motion. The plan of care included a prescription for Embeda 20mg tablets #30; one urine drug screen; and one spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Embeda 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Embeda (morphine/naltrexone) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Embeda (morphine/naltrexone).

Decision rationale: The claimant has a history of a work injury occurring in March 2009 and continues to be treated for right upper extremity pain including a diagnosis of CRPS. When seen, treatments had included physical therapy, medications, and stellate ganglion blocks with only transient pain relief. There had been side effects when taking Tramadol, Butrans, Vicodin, Nucynta, and Oxycodone. He had been approved for a psychological evaluation for a spinal cord stimulator trial. The assessment references an absence of aberrant drug seeking behavior. Medications are referenced as decreasing pain from 8/10 to 4/10 and, ibuprofen and gabapentin, he was able to function. Physical examination findings included decreased range of motion and decreased sensation with dysesthesias and allodynia. Authorization for a spinal cord stimulator trial, urine drug screening, and Embeda were requested. Embeda (morphine/naltrexone) is recommended as an option for patients who are at risk for abuse of opioids and is only recommended for opioid tolerant patients. In this case, there is no history of aberrant drug use and the claimant was not taking an opioid medication when it was prescribed. It was not medically necessary.

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation ODG, Pain: Urine drug testing (Chronic) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant has a history of a work injury occurring in March 2009 and continues to be treated for right upper extremity pain including a diagnosis of CRPS. When seen, treatments had included physical therapy, medications, and stellate ganglion blocks with only transient pain relief. There had been side effects when taking Tramadol, Butrans, Vicodin, Nucynta, and Oxycodone. He had been approved for a psychological evaluation for a spinal cord stimulator trial. The assessment references an absence of aberrant drug seeking behavior. Medications are referenced as decreasing pain from 8/10 to 4/10 and, ibuprofen and gabapentin, he was able to function. Physical examination findings included decreased range of motion and decreased sensation with dysesthesias and allodynia. Authorization for a spinal cord stimulator trial, urine drug screening, and Embeda were requested. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous

urine drug test result in February 2015 that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening less than one year after the previous testing was not medically necessary.

One spinal cord stimulator trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Spinal cord stimulators (SCS) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The claimant has a history of a work injury occurring in March 2009 and continues to be treated for right upper extremity pain including a diagnosis of CRPS. When seen, treatments had included physical therapy, medications, and stellate ganglion blocks with only transient pain relief. There had been side effects when taking Tramadol, Butrans, Vicodin, Nucynta, and Oxycodone. He had been approved for a psychological evaluation for a spinal cord stimulator trial. The assessment references an absence of aberrant drug seeking behavior. Medications are referenced as decreasing pain from 8/10 to 4/10 and, ibuprofen and gabapentin, he was able to function. Physical examination findings included decreased range of motion and decreased sensation with dysesthesias and allodynia. Authorization for a spinal cord stimulator trial, urine drug screening, and Embeda were requested. This request is for a stimulator trial prior to consideration of an implantable stimulator. Indications for consideration of stimulator implantation include CRPS as in this case. However, psychological clearance is required before the trial and the claimant had not undergone this evaluation when the trial was requested. Additionally, in this case, non-opioid medications are providing pain control and allowing the claimant to function. Extended release morphine was prescribed and his response to this medication was unknown. For these reasons, the requested spinal cord stimulator trial was not medically necessary.