

Case Number:	CM15-0023248		
Date Assigned:	02/12/2015	Date of Injury:	04/28/2014
Decision Date:	06/04/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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, New Hampshire, New York
 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 injured worker is a 33-year-old male, who sustained an industrial injury on 4/28/2014. The mechanism of injury was not provided. He reported right upper extremity pain. The injured worker was diagnosed with complex regional pain syndrome of right upper extremity. Treatment to date has included medications, splinting, and stellate ganglion block. The injured worker was unresponsive to Gabapentin, Lyrica, Tramadol, Norco and Ibuprofen as well as Cymbalta. Prior treatments included brachial plexus nerve blocks, stellate ganglion blocks, ketamine infusions and occupational therapy. The request is for Lyrica, Norco, and Cymbalta, trial of spinal cord stimulator, brace, and passive range of motion machine. On 1/5/2015, he complained of right upper extremity pain. He had a stellate ganglion block on 12/4/2014 and reports this helped. The treatment plan included: trial of spinal cord stimulator, Cymbalta, Lyrica, and Norco. The records indicate Cymbalta and Lyrica are a retrial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had previously utilized the medication and found it to be ineffective. The documentation further indicated the request was made for this medication concurrently used with Cymbalta. However, as the medication was previously ineffective, this request would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 25 mg, 180 count, is not medically necessary.

Norco 10/325 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the medication had previously been ineffective. There was a lack of documentation of objective functional improvement and an objective decrease in pain. A trial of opiates would not be medically necessary, as the documentation indicated the prior trial of opiates was ineffective. There was a lack of documentation of an objective improvement in function, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg, 90 count, is not medically necessary.

Cymbalta 30 mg, seven count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the

changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker had previously utilized the medication. It was noted to be ineffective. The documentation indicated the injured worker was to utilize the medication along with Lyrica. The request as submitted failed to indicate the frequency for the requested medication. Given the above, and that the medication was previously ineffective, the request for Cymbalta 30 mg, 7 count, is not medically necessary.

Cymbalta 60 mg, thirty count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker had previously utilized the medication. It was noted to be ineffective. The documentation indicated the injured worker was to utilize the medication along with Lyrica. The request as submitted failed to indicate the frequency for the requested medication. Given the above, and that the medication was previously ineffective, the request for Cymbalta 60 mg, 30 count, is not medically necessary.

Seven day trial of a spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38 and 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS), Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators) Page(s): 38,101.

Decision rationale: The California MTUS Guidelines recommend spinal cord stimulators for the treatment of CRPS. Additionally, there should be documentation of a psychological evaluation prior to the trial. The clinical documentation submitted for review failed to indicate the injured worker had a psychological evaluation and clearance for the use of a spinal cord stimulator. Given the above, the request for a 7-day trial of a spinal cord stimulator is not medically necessary.

Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 10th Edition, Mosby, Inc, pages 3392 - 3393.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The ACOEM Guidelines indicate that splints are appropriate for the treatment of carpal tunnel syndrome. There was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations. Additionally, the request as submitted failed to indicate the body part to be braced, as well as the specific brace being requested. Given the above, the request for brace is not medically necessary.

Passive range of motion machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 40 - 41. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletins Number: 0010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm wrist & hand Chapter, Continuous passive motion (CPM).

Decision rationale: The Official Disability Guidelines indicate continuous passive motion is recommended after flexor tendon repair in the hand. The documentation indicate the request was made for use with the brace. However, this request would not be supported. The request as submitted failed to indicate the specific body part to be treated, and whether the unit was for rental or purchase. Given the above, the request for continuous passive motion is not medically necessary.