

Case Number:	CM15-0093610		
Date Assigned:	05/19/2015	Date of Injury:	06/27/2012
Decision Date:	07/03/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 27 year old female sustained an industrial injury on 6/27/12. Diagnoses include CRPS right leg. Treatments to date include x-ray and MRI testing, injections and prescription pain medications. The injured worker continues to experience right knee pain. Upon examination, range of motion is decreased in the right knee, sensation is increased in right knee and calf; hyperhidrosis, hyperpathia and swelling, strength: can't heel to toe walk, right leg is weak. A request for Norco, Tramadol, Neurontin, Ambien and Catapres medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 76-80 of 127 Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement and decreased pain with the chronic narcotic medication. This medication has now been recommended for weaning on multiple occasions. Likewise, this request is not considered medically necessary.

Tramadol ER 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 76-80 of 127 Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement and decreased pain with the chronic narcotic medication. This medication has now been recommended for weaning on multiple occasions. Likewise, this request is not considered medically necessary.

Neurontin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49 of 127.

Decision rationale: MTUS guidelines state regarding Gabapentin (Neurontin,) "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." Regarding this patient's case, there is a lack of documentation regarding functional improvement and pain reduction with Gabapentin. Likewise, this request is not considered medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Edition, Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online 2015-Sedative Hypnotics-Zolpidem.

Decision rationale: California MTUS guidelines are silent regarding sleep aid medications. Likewise, the ODG was consulted. The ODG states concerning Ambien (Zolpidem) that it is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term (4-6 weeks) treatment of insomnia. While anti-anxiety agents are commonly prescribed in chronic pain there is no evidence to support their long term/chronic use. Likewise, this request for Zolpidem is not medically necessary.

Catapress TTS 0.1 #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/3532747>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence based guidelines for complex regional pain syndrome type 1. Roberto S Perez 123, Paul E Zollinger 4, Pieter U Dijkstra5, Ilona L Thomassen-Hilgersom 6, Wouter W Zuurmond 1, Kitty CJ Rosenbrand 7, Jan H Geertzen 5 and the CRPS I task force 2010. BMC Neurology. <http://www.biomedcentral.com/1471-2377/10/20>.

Decision rationale: MTUS, ACOEM, and ODG guidelines do not address a request for Catapres (Clonidine). Clonidine is an antihypertensive medication, but in this case it is being prescribed off label to decrease sympathetic output in a patient with CRPS (Complex Regional Pain Syndrome.) According to evidence based guidelines, this is a reasonable treatment option in CRPS. Utilization review denied this request since there is no documentation of reduced pain and improved function with this medication. Likewise, until additional documentation has been provided, this request cannot be considered medically necessary.