

Case Number:	CM13-0022279		
Date Assigned:	11/13/2013	Date of Injury:	08/23/2001
Decision Date:	01/21/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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 patient is a 48-year-old male who reported an injury on 08/23/2001, after being hit by a motor vehicle. The patient has chronic pain to the right buttocks and right ankle. The patient has undergone multiple right ankle surgeries that have resulted in right ankle reflex sympathetic dystrophy syndrome. The patient's chronic pain is managed by medications. The patient does undergo regular urine drug screen tests that appear to be consistent. The patient's most recent clinical examination findings included restricted lumbar and left ankle range of motion secondary to pain. Lumbar discogenic left ankle provocative maneuvers were positive. It was noted that the right ankle was a dusky color with temperature changes and hypersensitivity, hypoesthesia, and hyperalgesia of the right ankle. The patient's diagnoses included right ankle reflex sympathetic dystrophy/chronic regional pain syndrome, status post multiple ankle surgeries, failed percutaneous spinal cord stimulator trial, right lower extremity neuropathic pain, right ankle internal derangement, hypogonadism with low testosterone secondary to industrial chronic pain, erectile dysfunction secondary to industrial injury, and gastrointestinal upset secondary to industrial medications. The patient's treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #90 with 2 refills: 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 Opioids On-Going Management Page(s): 78.

Decision rationale: The request for oxycodone 15 mg #90 with 2 refills is medically necessary and appropriate. Clinical documentation submitted for review does provide evidence that the patient has 6/10 pain with medication and 10/10 without medication, and is able to participate in activities of daily living and work full time as a result of the patient's medication usage. It is also noted that the patient is regularly monitored for aberrant behavior and has had consistent urine drug screens. California Medical Treatment Utilization Schedule(MTUS), recommends ongoing opioid usage when the patient has documented increased functional benefit, evidence of pain relief, evidence of monitoring for aberrant behavior, and an assessment of side effects. The clinical documentation submitted for review does indicate that the patient has pain relief, increased functional benefit, appropriately identified side effects, and is monitored regularly for aberrant behavior. As such, the requested oxycodone 15 mg #90 with 2 refills is medically necessary and appropriate.

Lyrica 150mg #60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin(Lyrica) and Medications for Chronic Pain Page(s): 60,99.

Decision rationale: The requested Lyrica 150 mg #60 with 5 refills is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient has significant pain relief as a result of this medication. California Medical Treatment Utilization Schedule recommends the continued use of this type of medication is supported with functional benefits and evidence of pain relief. The clinical documentation submitted for review does indicate that the patient has 2/10 relief of neuropathic burning in the right lower extremity with medications and 10/10 without. It is also noted that the patient is unable to walk or function without the current medication schedule. As the patient has documented symptom relief and functional benefit as a result of the medication, the requested Lyrica 150 mg #60 with 5 refills is medically necessary and appropriate.

Cymbalta 60mg #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Medications for Chronic Pain Page(s): 15, 60.

Decision rationale: The requested Cymbalta 600 mg #30 with 5 refills is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient has significant pain relief as a result of this medication. California Medical Treatment Utilization Schedule recommends the continued use of this type of medication is supported with functional benefits and evidence of pain relief. The clinical documentation submitted for review does indicate that the patient has 2/10 relief of neuropathic burning in the right lower extremity with medications and 10/10 without. It is also noted that the patient is unable to walk or function without the current medication schedule. As the patient has documented symptom relief and functional benefit as a result of the medication, the requested Cymbalta 600 mg #30 with 5 refills is medically necessary and appropriate.

Gabapentin 600mg #90 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin(Neurontin, Gabarone, generic available) and Medications for chronic pain Page(s): 18,.

Decision rationale: The requested gabapentin 600 mg #90 with 5 refills is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient has significant pain relief as a result of this medication. California Medical Treatment Utilization Schedule recommends the continued use of this type of medication is supported with functional benefits and evidence of pain relief. The clinical documentation submitted for review does indicate that the patient has 2/10 relief of neuropathic burning in the right lower extremity with medications and 10/10 without. It is also noted that the patient is unable to walk or function without the current medication schedule. As the patient has documented symptom relief and functional benefit as a result of the medication, the requested gabapentin 600 mg #90 with 5 refills is medically necessary and appropriate.