

Case Number:	CM13-0033884		
Date Assigned:	12/06/2013	Date of Injury:	05/01/2002
Decision Date:	01/09/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/11/2013

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 & Rehabilitation, and is licensed to practice in California. 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.

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 patient is a 52-year-old male who reported an injury on 05/01/2002. The mechanism of injury is indicated as trauma to the feet after being run over by a forklift. Per clinical notes, the patient was evaluated by a podiatrist on 11/21/2012 with documentation indicating that the patient had confirmed Complex Regional Pain Syndrome (CRPS) of the left foot and ankle with trophic changes. The patient was most recently evaluated on 09/16/2013 with notes indicating the patient had continued complaints of pain; however, it did indicate that medications were helping. The medication regimen listed for the patient included Xanax 0.5 mg, Neurontin 300 mg, Ambien 10 mg, Gas-X extra strength 125 mg, MiraLax 17 g, and DuoDERM. Additionally, notes indicate the patient was provided with prescriptions for methadone 10 mg, Omeprazole 40 mg, OxyContin 80 mg, and Roxicodone 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Methadone 10mg #120 between 9/16/2013 and 12/1/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone.

Decision rationale: CA MTUS states that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they

have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. Also, CA MTUS states that dosing of opioids is not recommended to exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Nonetheless, the requested medication at the dosage requested grossly exceeds the recommendation of the guidelines for opioids to not exceed 120 mg oral morphine equivalents per day. Given the above, the request for 1 prescription of methadone 10 mg #120 between 09/16/2013 and 12/01/2013 is not medically necessary and appropriate.

1 Prescription of Oxycontin 80 mg #150 between 9/16/2013 and 12/1/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS states that Oxycodone immediate release (OxyIR® capsule; Roxicodone® tablets; generic available), Oxycodone controlled release (OxyContin®); are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic. Also, CA MTUS states that dosing of opioids is not recommended to exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Nonetheless, the requested medication exceeds the guideline recommendations for no more than 120 mg oral morphine equivalents per day. Given tibialis anterior, the request for 1 prescription of OxyContin 80 mg #150 between 09/16/2013 and 12/01/2013 is not medically necessary and appropriate.

1 Prescription of Roxicodone 30mg #192 between 9/16/2013 and 12/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Pain (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS states that Oxycodone immediate release (OxyIR® capsule; Roxicodone® tablets; generic available), Oxycodone controlled release (OxyContin®); are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic. Also, CA MTUS states that dosing of opioids is not recommended to exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses

of the different opioids must be added together to determine the cumulative dose. Nonetheless, the requested medication exceeds the recommendation of the guidelines for no more than 120 mg oral morphine equivalents per day. Therefore, the request for 1 prescription of Roxicodone 30 mg #192 between 09/16/2013 and 12/01/2013 is not medically necessary and appropriate.

1 prescription of Omeprazole 40 mg #30 with 3 refills between 9/16/2013 and 1/30/2014:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease should consider use of a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily or a medication such as misoprostol (200 \hat{I} / $\hat{4}$ g four times daily); or use of a Cox-2 selective agent. Caution is given with long-term use of proton pump inhibitors as studies of use of PPI's show that use for (> 1 year) has increased the risk of hip fracture. However, the documentation submitted for review fails to detail current GI symptoms of the patient or to detail that prior history of gastroesophageal reflux disease, GI bleeding, or ulcers which may support the recommendation for a proton pump inhibitor such as Omeprazole. Given the above, the request for 1 prescription of Omeprazole 40 mg #30 with 3 refills between 06/16/2013 and 01/30/2014 is not medically necessary and appropriate.

1 van or other vehicle to accommodate an electric scotter between 9/16/2013 and 12/1/2013:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). .

Decision rationale: CA MTUS/ACOEM Guidelines do not specifically address transportation to and from appointments. The Official Disability Guidelines state that transportation to & from appointments may be recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The documentation submitted for review indicates that the patient has a diagnosis of severe reflex sympathetic dystrophy status post a crush injury. Furthermore, notes indicate that the patient has several requests for DME to include Cam boot, replacement crutches, back brace, and assisted treatment in the form of 24 hours of home healthcare and for a van to accommodate an electric scooter. Clinical notes from 09/16/2013 indicate that the patient requires a new van to transport the patient to and from his activities as the patient needs to use his scooter. However, the current request is unclear as to whether purchase of a new van is being requested or a van service is being requested. Furthermore, the requested van or other vehicle to accommodate an electric

scooter is not a medical service; therefore, medical necessity is not established. Given the above, the request for 1 van or other vehicle to accommodate an electric scooter between 09/16/2013 and 12/01/2013 is not medically necessary and appropriate.