

Case Number:	CM13-0046840		
Date Assigned:	12/27/2013	Date of Injury:	07/14/2011
Decision Date:	11/10/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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:

This is a male patient with a date of injury of July 14, 2011. Utilization review determination dated October 29, 2013 recommends noncertification of compound hydrocodone 20 mg/1 ML #900 ML, oxycodone 15 mg #60, and detox at [REDACTED] for pain medication particularly opiate pain medications. A progress note dated October 17, 2013 identifies subjective complaints of decreased effectiveness of medication, he is requesting to proceed with spinal cord stimulator, the patient has significant problems in his mouth particularly in the gums and teeth, the patient has ongoing picking of his lips, and the patient reports he is currently eating baby food. The patient complains of left upper extremity pain and sensitivity, right thumb pain and sensitivity, right ankle weakness, depression, and anxiety. The patient reports increased pain and had withdrawal symptoms, he went to an ER where his Butrans patch was discontinued and his oxycodone was increased to 30 mg four times a day. The patient reports that he is in the process of moving to [REDACTED]. The patient describes his pain as numbness, pressure, electrical/shooting, burning, stinging, cramping, weakness, and spasm. The patient's previous pain rating on a good day was a 8, his current pain rating on a good day is a 9, his previous pain rating on a bad day is a 10, and his current pain rating on a bad day is a 10. The patient states that his pain is always the same and is constant. His pain is aggravated with heat, cold, activity, sitting, standing, walking, and massage. Patient reports that the following are alleviating factors rest, lying down, quiet, and medication. Physical examination identifies severe cutaneous allodynia of the left forearm, wrist, and hand, left upper extremity in dystonic position with wrist and forearm kept close to the chest wall, the patient is unable to move his left upper extremity due to pain, and the patient has several trigger points over the trapezius. The patient has mild to moderate tenderness across the lower back along the facet joints, and the patient has a right foot drop. The diagnoses include reflex sympathetic dystrophy CRPS type I, chronic pain, right foot drop, lumbar radiculopathy,

myofascial pain syndrome, and depression. The treatment plan recommends oxycodone 30 mg four times a day, compounded hydrocodone 20 mg/10 ML, and request authorization for detox at Cottage Hospital for pain medications particularly opiate pain medicines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Hydrocodone 20mg/10ml, #900ml, Oxycodone HCL 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the request for Hydrocodone 20mg/1ml #900ml is not medically necessary.

Oxycodone HCL 15mg #60: Upheld

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 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the request for Oxycodone 15mg #60 is not medically necessary.

Detox at [REDACTED] for pain medications, particularly opioid pain medications:
Upheld

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 Page(s): 42 of 127.

Decision rationale: Regarding the request for a detox at [REDACTED] for pain medication particularly opioid pain medications, California MTUS supports detoxification for indications including Intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Within the documentation available for review, the provider did not specify why a detox program is being recommended; such as, intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. In the absence of clarity, the request for detox at [REDACTED] for pain medication particularly opioid pain medications is not medically necessary.