

Case Number:	CM13-0064955		
Date Assigned:	01/03/2014	Date of Injury:	12/14/2008
Decision Date:	04/14/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic Surgery and is licensed to practice in 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 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:

The patient is a 50-year-old female who reported an injury on 12/14/2008 and the mechanism of injury was not provided; however, the patient was noted to have sustained a right foot laceration injury on that date. The most recent documentation submitted for review was dated 09/18/2013. The patient's medication history included Norco, muscle relaxants, anti-epileptic drugs, and antidepressants as of 2012. Per the PR2 dated 09/18/2013, the patient was having an increasing cramping sensation in the right calf with pain radiating into the lateral aspect of the right foot with numbness over the lateral 3 toes. The patient had additionally noted she had decreased functional endurance for walking secondary to increased right ankle and foot pain. The patient was noted to be able to walk up to 1 to 2 blocks without stopping and had decreased functional endurance for walking. The patient reported nocturnal paresthesias and increased cramping sensations over the right calf with poor sleep. The patient's medications were noted to be Cymbalta, Topamax, Norco, and baclofen. The diagnostic impression was noted to be a crush injury to the right forefoot with resultant CRPS-1, status post ulnar nerve transposition, chronic pain related to anxiety and depression, and a new onset of right extremity paresthesias and lateral ankle and foot pain secondary to lumbar degenerative disc disease. The treatment recommendation was for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG 1 TAB PO Q4-6H #140-PAIN (WITH 4 REFILLS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above criteria. The patient was noted to be on the medication since 2012. The patient reported decreased functional ability for walking and increased pain. The clinical documentation failed to indicate a necessity for 4 refills without re-evaluation. Given the above, the request for a prescription of Norco 10/325 1 tab po q4-6h #140-pain (with 4 refills) is not medically necessary,

PRESCRIPTION OF BACLOFEN 10MG \hat{A} ¹/₂ TAB QAM AND NOON AND 1 TAB HS #30- MUSCLE SPASM (WITH 4 REFILLS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Spasms Page(s): 63.

Decision rationale: California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. It was indicated the patient was having increased cramping sensation over the right calf with poor sleep. There was a lack of documentation indicating a necessity for 4 refills without re-evaluation. Given the above, the request for a prescription of Baclofen 10mg \hat{A} ¹/₂ tab qam and noon and 1 tab hs #30- muscle spasm(with 4 refills) is not medically necessary.

PRESCRIPTION OF CYMBALTA 60MG PO DAILY #30-NEUROPATHIC PAIN AND DEPRESSION (WITH 4 REFILLS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

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

Decision rationale: California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective functional improvement. The clinical documentation submitted for review indicated the patient was on the medication since 2012. There was a lack of documentation of an objective decrease in pain and an objective functional improvement. The patient was noted to have decreased function and increased pain. There was a lack of documented rationale for 4 refills without re-evaluation. Given the above, the request for a prescription of Cymbalta 60mg po daily #30-neuropathic pain and depression (with 4 refills) is not medically necessary.