

Case Number:	CM13-0068573		
Date Assigned:	01/03/2014	Date of Injury:	01/04/1995
Decision Date:	04/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 01/04/1995. The mechanism of injury was not provided in the medical records. The patient was diagnosed with reflex sympathetic dystrophy, unspecified. The patient had complaints of radiation of pain to the right arm down to the hand and fingers secondary to severe RSD. The patient continued to have right C7-8 cervical radicular pain down the right arm. The pain is aggravated by any physical activity and relieved by medication including a fentanyl patch and Neurontin. Physical examination of the cervical spine revealed myofascial trigger points, bilateral paraspinal muscle spasm, and a limited range of motion in all directions. The patient was noted to have moderate weakness with the right hand grasping and intrinsics. A diminished sensation to the middle and lateral digits was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE/APAP 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The patient reported to have relief with the use of medication including the fentanyl patch and Neurontin; however, the patient did not state whether the use of the requested medication has brought on any relief. Additionally, the documentation failed to provide evidence of increased function with the use of opioids and whether there have been reported adverse effects or aberrant drug taking behaviors. In the absence of the detailed documentation required by the guidelines for the ongoing use of opioid medications, the request for oxycodone/APAP 10/325 mg #180 is non-certified.

KETOPROFEN 200MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68..

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renal vascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. In addition to that, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) and with neuropathic pain. As the documentation indicates the patient was noted to have severe neuropathic pain from the reflex sympathetic dystrophy to his right arm, the guidelines state there is inconsistent evidence for the use of the requested medication to treat long-term neuropathic pain. Therefore, the request is non-certified.