

Case Number:	CM13-0070412		
Date Assigned:	01/08/2014	Date of Injury:	12/30/2008
Decision Date:	04/29/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 Texas and Oklahoma. 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 40-year-old male who reported an injury on 3/30/08 after he moved a surgical tray weighing approximately 20-30 pounds. The patient underwent multiple surgical interventions of the left shoulder and ultimately developed complex regional pain syndrome. The patient's most recent clinical documentation listed medications as Percocet 10/325mg, 8-10 pills a day; a Fentanyl patch 25mcg every 72 hours; and Motrin 800mg, 3 times a day. It was documented that the patient had unrelenting severe pain. Therefore, the patient's medication schedule was changed to Oxycontin 40mg, 3 times a day; Percocet 10/325mg, up to 4 a day for breakthrough pain; and Lyrica 75mg, 3 times a day. In addition to the medication schedule change, a request was made for a stellate ganglion block in an attempt to avoid additional surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 OXYCONTIN 40MG WITH THREE REFILLS: Upheld

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

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

Decision rationale: In order to authorize the use of opioids, the California MTUS requires ongoing reassessment of pain relief, functional benefits, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient is monitored for aberrant behavior, although he has been opioid therapy for an extended period of time. Additionally, the request for three refills does not allow for timely evaluation or reassessment of the efficacy of this medication. As such, the requested Oxycontin is not medically necessary or appropriate.

120 PERCOCET 10/325MG WITH THREE REFILLS: Upheld

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

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

Decision rationale: In order to authorize the use of opioids, the California MTUS requires ongoing reassessment of pain relief, functional benefits, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient is monitored for aberrant behavior, although he has been opioid therapy for an extended period of time. Additionally, the request for three refills does not allow for timely evaluation or reassessment of the efficacy of this medication. As such, the requested Percocet is not medically necessary or appropriate.

60 LYRICA 75MG WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: The California MTUS recommends a trial of anticonvulsants as a first line treatment to assist with the management of chronic pain. The clinical documentation submitted for review does not provide any evidence that the patient has a history of the use of this medication. Therefore, a trial would be appropriate. However, the requested three refills does not allow for timely reassessment and re-evaluation of a trial of this medication. As such, the requested Lyrica is not medically necessary or appropriate.