

Case Number:	CM14-0102230		
Date Assigned:	07/30/2014	Date of Injury:	01/13/2002
Decision Date:	10/02/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 41 year old female presenting with chronic pain following a work related injury on 01/13/2012. The claimant was diagnosed with complex regional pain syndrome. According to the medical records the claimant's pain spread to the left upper extremity and ultimately to the left lower extremity. The enrollee underwent a spinal cord stimulator implant and later a revision. The physical exam showed left ankle flexion at 3/5, left lower extremity atrophy at gastrocnemius 1 cm compared to the right. The claimant medications included Ondansetron 4mg, Methadone 5mg and MS Contin 15 mg. The claimant was diagnosed with reflex sympathetic dystrophy of the upper limb. A claim was made for Methadone 5 mg and MS Contin 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5MG: Upheld

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

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

Decision rationale: Methadone HCL 5 mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with

evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. Additionally, MTUS states that Oxycontin is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. The requested medication is not clear on frequency of dosing. Additionally, the claimant's medical records does not document improvement in pain with medication and there is no return to work. In fact the claimant remained permanent and stationary; therefore the requested medication is not medically necessary.

MS Contin 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MS Contin 15mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. Additionally, MTUS states that Oxycontin is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. The requested medication is not specific with frequency of dosing. Additionally, the claimant's medical records does not document improvement in pain with medication and there is no return to work. In fact the claimant remained permanent and stationary; therefore the requested medication is not medically necessary.