

Case Number:	CM14-0016944		
Date Assigned:	04/11/2014	Date of Injury:	02/25/2001
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, 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:

The patient is a 48-year-old female who was injured on 02/25/2001 while at work. Per documentation, a bed gave away and fell onto her left foot. Prior treatment history has included physical therapy, HEP, medications with high dose opioids use, sympathetic blocks, epidural injections, spinal cord stimulation (SCS) implantation in 2003 with continued pain reported to be 9/10. The current medications as of these dates: 08/02/2013: Senna 8.6 mg, Lactulose 10 gram, Ambien 12.5 mg, Ativan 0.5 mg, Lidoderm 5%, Methadone 10 mg, MS Contin 60 mg, and Omeprazole 20 mg. On 12/09/2013: Senna 8.6 mg, Lactulose 10 gram, Ambien 12.5 mg, Ativan 0.5 mg, Lidoderm 5%, Methadone 10 mg, MS Contin 60 mg, Omeprazole 20 mg, Trazadone 50 mg, Terocin, and Sentra PM. The diagnostic studies reviewed include urine drug screen dated 11/06/2013 consistent for methadone, opiates, and benzodiazepines. Progress report dated 01/06/2014 documents the patient returns for medication refills. The patient presents today for down to leg foot pain and leg pain. She describes her pain as aching, burning and throbbing. Frequency of pain is constant. On a scale the patient states her pain is 9/10 at its worst, 9/10 on average and 0 being no pain with 10/10 being worst possible pain. The patient states that the procedure decreased or increased the pain by 0%. With opioid medications the patient notes that sitting, standing and walking tolerance is improved 100%. Lifting tolerance, household chore and work tolerance improved by 10%. Her current medications are:, Senna 8.6 mg, Lactulose 10 gram, Ambien 12.5 mg, Ativan 0.5 mg, Lidoderm 5%, Methadone 10 mg, MS Contin 60 mg, Omeprazole 20 mg, Trazadone 50 mg, Terocin, Sentra PM, and Topamax. Objective findings on exam of the joints/ankle reveal abnormal swelling of left ankle. The patient has allodynia of the left greater than right foot and ankle. Her range of motion is decreased. Her skin is shiny and the left foot is quite swollen. Her toes are discolored. The assessment/plan include: complex

regional pain syndrome (CRPS), type II, lower extremities, knee/lower leg pain, and pain, low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 60MG ER, ONE TAB FOUR TIMES DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 24, 40-41, 61-62, 78-80, 86-87. Decision based on Non-MTUS Citation Pharmacologic agents (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), pg. 115, Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-87.

Decision rationale: The MTUS Guidelines indicate that long-term daily use opioids are not supported for chronic pain and neuropathic pain. Antidepressants and anticonvulsants are first-line adjuvant analgesic recommendations for neuropathic pain like complex regional pain syndrome (CRPS), which this patient has. The medical records do not demonstrate that all adjuvant analgesic has already been tried. Tolerance, dependence and addiction may develop. Due to the reasons above, the medical necessity of MS Contin is not established, and weaning is advised.