MAXIMUS Federal Services

Case Number:	CM14-0018206		
Date Assigned:	04/21/2014	Date of Injury:	03/05/2011
Decision Date:	07/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/13/2014

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, and is licensed to practice in Florida. 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 injured worker is a 55 year old female who reported an injury on 03/05/2011 secondary to stepping off of a bus. She was evaluated on 10/23/2013 and reported right leg, right ankle, and right foot pain of unknown severity. On physical exam, the injured worker was noted to have right foot allodynia, discoloration, temperature changes, and swelling. She was also noted to have 4/5 strength in the right tibialis anterior and 2/5 strength in the right extensor halluces longus and right peroneals with an antalgic gait favoring the right foot. The injured worker was diagnosed with complex regional pain syndrome of the right foot, right ankle, and right leg. She was previously diagnosed with 5th metatarsal fracture of the right foot with open reduction and internal fixation, after which hardware was removed due to irritation. She has also received a psychiatric evaluation and was diagnosed with depressive disorder not otherwise specified, adjustment disorder, and cocaine abuse in full remission. The injured worker has been treated previously with sympathetic nerve blocks, physical therapy, TENS unit, and an implanted spinal cord stimulator. The injured worker reported significant relief with the spinal cord stimulator, but eventually reported increased pain over time. However, details regarding the extent of the injured worker's pain relief with use of medications. OxyContin was originally prescribed on 12/18/2012 and was replaced with a prescription for Percocet on 05/29/2013 for an unspecified reason. As of the last clinical note on 10/23/2013, medications included Percocet 7.5/325mg with unknown frequency, Lexapro 10mg daily, and Gralise 600 mg every evening. A request for authorization was submitted on 02/11/2014 for OxyContin 30mg #90 with 0 refills and Morphine Sulfate IR 15 MG #240 with 0 refills, however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30MG #90 WITH 0 REFILLS: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend ongoing review and detailed documentation of pain relief, functional status, appropriate medication use, and side effects to warrant continued opioid use. The injured worker has been using opioids in the form of Percocet, Norco, and/or OxyContin since at least 02/09/2012 according to the documentation provided for review. Despite several quantitative pain assessments, the documentation fails to provide sufficient evidence that pain has improved with the use of opioids. The documentation also fails to indicate that the injured worker has functional deficits related to activities of daily living. Additionally, there is no evidence of a recent urine drug screen. The injured worker is noted to have a history of addiction to narcotics and is considered high-risk for misuse of medications. Guidelines recommend the use of drug screening with issues of abuse, addiction, or poor pain control to monitor for aberrant drug-taking behaviors. Furthermore, the injured worker was noted to be taking Percocet (oxycodone/acetaminophen) 7.5/325mg as of the last clinical evaluation. The request as written is for OxyContin 30mg #90. Clinical notes state that OxyContin (oxycodone controlled release) was discontinued and replaced with a prescription for Percocet on 05/29/2013. There is no clear rationale documented for the requested change in opioid prescription. As such the request is not medically necessary and appropriate.

MORPHINE SULFATE IR 15MG #240 WITH 0 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 82-88.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend ongoing review and detailed documentation of pain relief, functional status, appropriate medication use, and side effects to warrant continued opioid use. The injured worker has been using opioids in the form of Percocet, Norco, and/or OxyContin since at least 02/09/2012 according to the documentation provided for review. Despite several quantitative pain assessments, the documentation fails to provide sufficient evidence that the patient's pain has improved with the use of opioids. The documentation also fails to indicate that the injured worker has functional deficits related to activities of daily living. Additionally, there is no evidence of a recent urine drug screen. The injured worker is noted to have a history of addiction to narcotics and is considered high-risk for misuse of medications. Guidelines recommend use of drug screening with issues of abuse, addiction, or poor pain control to monitor for aberrant drug-taking behaviors. Furthermore, the

injured worker was noted to be taking Percocet (oxycodone/acetaminophen) 7.5/325mg as of the last clinical evaluation. There is no clear rationale documented for the requested change in opioid prescription. The request is not medically necessary or appropriate.