

Case Number:	CM14-0018666		
Date Assigned:	04/18/2014	Date of Injury:	07/17/2012
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
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 Physical Medicine & 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 injured worker is a 40-year-old female who reported an injury on 07/17/2012, after she stepped into a pot hole. The injured worker reportedly sustained an injury to her left ankle that ultimately resulted in complex regional pain syndrome. The injured worker's treatment history included multiple medications, physical therapy, and spinal cord stimulator implantation. The patient's medications included Neurontin 200 mg, Cymbalta 60 mg, Topamax 100 mg, Vicodin 5/300 mg, Levorphanol 2 mg, Phenergan 25 mg, Colace 2 tablets daily, Senokot 2 tablets daily, and Ibuprofen 800 mg. The injured worker was evaluated on 01/22/2014. Physical findings included mild swelling over the arch and heel of the left foot, with tenderness over the plantar fascia, and pain with palpation to the joint, and restricted range of motion of the left ankle. The patient's diagnoses included reflex sympathetic dystrophy of the left lower extremity. The patient's treatment plan included continuation of physical therapy for the left foot, an appeal for an ankle brace, an appeal for a motorized scooter, a request for [REDACTED] boots, and a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC SCOOTER RENTAL (X1 MONTH): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWER MOBILITY DEVICES (PMDS) Page(s): 99.

Decision rationale: The requested electric scooter rental for 1 month is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends power mobility when all lower levels of ambulation assistance have been exhausted. The clinical documentation submitted for review does not provide any evidence that the patient cannot adequately propel a manual wheelchair. The clinical documentation fails to provide any evidence of upper extremity deficits that would prevent extended propulsion of an optimally-configured manual wheelchair. As such, the requested electric scooter rental x1 month is not medically necessary or appropriate.

PAIN MANAGEMENT REFERRAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested pain management referral is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends referrals when the treating physician has exhausted all treatment options within his scope of practice and requires additional expertise in treatment planning. The clinical documentation submitted for review does indicate that the patient is already being treated by a pain management specialist. The clinical documentation includes an evaluation by a pain management specialist to refill medications and adjust the patient's spinal cord stimulator to assist with pain control. Therefore, the justification for an additional referral to pain management is not clearly identified. As such, the requested pain management referral is not medically necessary or appropriate.

CITRUCEL (X2 REFILLS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INITIATING THERAPY Page(s): 77.

Decision rationale: The requested Citrucel x2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of prophylactics for constipation, for patients on high doses or multiple opioids. The clinical documentation submitted for review does indicate that the patient is taking multiple opioids that may benefit from prophylactic treatment of constipation. However, clinical documentation does indicate that the patient is on multiple medications to address this issue. It is unclear why multiple medications for constipation are needed. Additionally, the request as it is submitted does not clearly identify a dosage and frequency. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Citrucel x2 refills is not medically necessary or appropriate.

VICODIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 77.

Decision rationale: The requested Vicodin is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain is supported by documentation of functional benefit, adequate pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 08/2013. However, the clinical documentation fails to provide any evidence of adequate pain relief resulting from medication usage. Additionally, there is no documentation of significant functional benefit or that the patient is regularly monitored for aberrant behavior. Therefore, ongoing use of this medication would not be supported. Also, the request as it is submitted does not provide a quantity, duration, or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Vicodin is not medically necessary or appropriate.

TOPAMAX (2X REFILLS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN AND ANTI-EPILEPTICS Page(s): 60,16.

Decision rationale: The requested Topamax x2 refills it not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of anticonvulsants as a first-line medication in the management of chronic pain. The clinical documentation does support that the injured worker has been taking this medication since at least 08/2013. However, California Medical Treatment Utilization Schedule does state that continued use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of symptom relief. The clinical documentation submitted for review fails to identify any pain relief or functional benefit resulting from the use of this medication. Additionally, the request as it is submitted does not provide a quantity, dosage, or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Topamax x2 refills it not medically necessary or appropriate.

CYMBALTA (X2 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): 60,13.

Decision rationale: The requested Cymbalta x2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend antidepressants as a first-line treatment in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 08/2013. However, California Medical Treatment Utilization Schedule also recommends that the continued use of medications in the management of chronic pain be supported by documentation of functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence of adequate pain relief or functional benefit resulting from the use of this medication. Additionally, the request as it is submitted does not provide a quantity, dosage, or frequency or treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Cymbalta x2 refills is not medically necessary or appropriate.

NEURONTIN (X2 REFILLS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN AND ANTI-EPILEPTICS Page(s): 60,16.

Decision rationale: The requested Neurontin x2 refills it not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of anticonvulsants as a first-line medication in the management of chronic pain. The clinical documentation does support that the injured worker has been taking this medication since at least 08/2013. However, California Medical Treatment Utilization Schedule does state that continued use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of symptom relief. The clinical documentation submitted for review fails to identify any pain relief or functional benefit resulting from the use of this medication. Additionally, the request as it is submitted does not provide a quantity, dosage, or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Neurontin x2 refills it not medically necessary or appropriate.

PHENERGAN (X2 REFILLS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-Emetics.

Decision rationale: The requested Phenergan x2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this medication. Official Disability Guidelines do not support the use of medications to control medication-induced nausea and vomiting. The clinical documentation fails to identify that this medication is being used for acute gastritis. Additionally, the clinical documentation indicates that the patient has been taking this medication since 08/2013. There was no documentation of functional benefit or symptom response to support continued use. Also, the request as it is submitted does not clearly identify a dosage, frequency, or quantity. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Phenergan x2 refills is not medically necessary or appropriate.

COLACE (X2 REFILLS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdrhealth.com/drugs/colace>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INITIATING THERAPY Page(s): 77.

Decision rationale: The requested Colace x2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of prophylactics for constipation, for patients on high doses or multiple opioids. The clinical documentation submitted for review does indicate that the patient is taking multiple opioids that may benefit from prophylactic treatment of constipation. However, clinical documentation does indicate that the patient is on multiple medications to address this issue. It is unclear why multiple medications for constipation are needed. Additionally, the request as it is submitted does not clearly identify a dosage and frequency. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Colace x2 refills is not medically necessary or appropriate.

MIRALAX (X2 REFILLS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INITIATING THERAPY Page(s): 77.

Decision rationale: The requested Miralax x2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of prophylactics for constipation, for patients on high doses or multiple opioids. The clinical documentation submitted for review does indicate that the patient is taking multiple opioids that may benefit

from prophylactic treatment of constipation. However, clinical documentation does indicate that the patient is on multiple medications to address this issue. It is unclear why multiple medications for constipation are needed. Additionally, the request as it is submitted does not clearly identify a dosage and frequency. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Miralax x2 refills is not medically necessary or appropriate.

LEVORPHANOL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/levorphanol.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested Levorphanol is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain is supported by documentation of functional benefit, adequate pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 08/2013. However, the clinical documentation fails to provide any evidence of adequate pain relief resulting from medication usage. Additionally, there is no documentation of significant functional benefit or that the patient is regularly monitored for aberrant behavior. Therefore, ongoing use of this medication would not be supported. Also, the request as it is submitted does not provide a quantity, duration, or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Levorphanol is not medically necessary or appropriate.