

Case Number:	CM14-0119425		
Date Assigned:	08/06/2014	Date of Injury:	10/25/2011
Decision Date:	09/12/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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, Pain Medicine 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 27-year-old female who reported an injury on 10/25/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained a foot contusion that ultimately developed into chronic region pain syndrome. The injured worker's treatment history included a medial dorsal cutaneous neurectomy, an H-Wave therapy unit, physical therapy, 3 lumbar sympathetic blocks, activity modifications and medications. The injured worker was evaluated on 06/12/2014. It was noted that the injured worker had continued left foot and left leg pain rated at an 8/10 to 9/10 with medications. It was noted that with medications, the injured worker's pain levels fluctuated between 7/10 and 10/10. It was noted that her current medications allowed her to do some house chores and participate in the care of her 2 children. The injured worker's medications included Norco 10/325 mg, Duragesic patches, MS Contin, Senokot, and Lexapro. No objective clinical findings were documented during this examination. The injured worker's diagnoses included left foot reflex sympathetic dystrophy, and status post neurectomy. The injured worker's treatment plan included continuation of medications, consideration for a spinal cord stimulator trial, a psychological evaluation, and continuation of a home exercise program. The injured worker's most recent urine drug screen was on 01/23/2014. It was positive for opioids, which is consistent with the injured worker's prescribed medication schedule. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm patch #10 w/ 4 refills: Upheld

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

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

Decision rationale: The requested Tegaderm patch #10 with 4 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule states that continued use of opioids should be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker can participate in a home exercise program and participate in providing care for her 2 children. It is also noted that the injured worker is monitored for aberrant behavior with urine drug screens. However, the clinical documentation submitted for review does not provide any evidence that the injured worker has an adequate response to her medication schedule. It is noted that the injured worker's pain with medications is rated from a 7/10 to a 10/10 on a daily basis. California Medical Treatment Utilization Schedule does support that the injured worker's medication schedule be altered if sufficient analgesia is not provided. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Tegaderm patch #10 with 4 refills is not medically necessary or appropriate.

Senokot-S #120 w/ 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The requested Senokot-S #120 with 4 refills is not medically necessary or appropriate. The clinical documentation submitted for review does not provide an adequate assessment of side effects related to the injured worker's medication usage to support the continued need for Senokot. Although the California Medical Treatment Utilization Schedule does support prophylactic treatment of constipation with opioid usage, there is no indication of effectiveness of this medication or an assessment of the injured worker's gastrointestinal system to support continued use. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Senokot-S #120 with 4 refills is not medically necessary or appropriate.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: The requested Norco 10/325 mg #120 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule states that continued use of opioids should be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker can participate in a home exercise program and participate in providing care for her 2 children. It is also noted that the injured worker is monitored for aberrant behavior with urine drug screens. However, the clinical documentation submitted for review does not provide any evidence that the injured worker has an adequate response to her medication schedule. It is noted that the injured worker's pain with medications is rated from a 7/10 to a 10/10 on a daily basis. California Medical Treatment Utilization Schedule does support that the injured worker's medication schedule be altered if sufficient analgesia is not provided. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #120 refills is not medically necessary or appropriate.