

Case Number:	CM14-0173728		
Date Assigned:	10/23/2014	Date of Injury:	05/04/2001
Decision Date:	12/02/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/21/2014

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 Orthopedic Surgery 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 68-year-old male who reported a crush injury to the left foot on 05/04/2001. The current diagnoses include complex regional pain syndrome in the left lower extremity, status post implantation of spinal cord stimulation system on 12/10/2002, status post replacement of generator and leads on 07/14/2006, localized peripheral neuropathic pain over the area of the internal pulse generator, altered gait and increased left knee pain, chronic neuropathic pain, and opioid induced constipation. The injured worker was evaluated on 09/17/2014 with complaints of low back and left lower extremity pain. The current medication regimen includes Opana ER 30 mg, Norco 10/325 mg, Naprosyn, Lyrica 300 mg, Lunesta 3 mg, Seroquel 150 mg, and Senokot S. Previous conservative treatment was not mentioned. The injured worker reported 5/10 pain with the use of the current medication regimen and 9-10/10 pain without the medication. The injured worker also reported an improvement in both function and pain level with the combination of the medication and spinal cord stimulator. Physical examination on that date revealed an antalgic gait, diffuse tenderness to palpation of the lower back, positive allodynia over the area of the lower lumbar region, 40 degrees flexion, 10 degrees extension, 10 degrees right and left lateral bending, decreased sensation to light touch in the distal lower extremities, mild allodynia over the dorsal aspect, tenderness to palpation in the medial and lateral joint line of the bilateral knees, and positive crepitus with pain upon extension. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesic Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has continuously utilized this medication since 03/2014. Although the injured worker reported an improvement in symptoms, there is no objective evidence of functional improvement. There is also no documentation of written pain consent of agreement for chronic use of an opioid. There is no frequency listed in the request. As such, the request is not medically appropriate.

Norco 10/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has continuously utilized this medication since 03/2014. Although the injured worker reported an improvement in symptoms, there is no objective evidence of functional improvement. There is also no documentation of written pain consent of agreement for chronic use of an opioid. There is no frequency listed in the request. As such, the request is not medically appropriate.