

Case Number:	CM14-0020041		
Date Assigned:	04/25/2014	Date of Injury:	04/18/2012
Decision Date:	07/08/2014	UR Denial Date:	02/02/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and 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 patient is a 46 year old who was injured on 4/18/2012. The diagnoses are low back pain, shoulder pain, complex regional pain syndrome (CRPS) of the right lower extremity and carpal tunnel syndrome. The patient had completed PT, lumbar sympathetic blocks and spinal cord stimulator trial without significant pain relief. There is a history of severe depression managed with Cymbalta, Xanax and cognitive therapy. The surgeon, [REDACTED] had indicated no further surgical treatment would be beneficial. No UDS or Pain Contract record is available for this review. On 1/2/2014, [REDACTED] noted decreased range of motion of the lumbar spine as well as swelling with discoloration of the left foot. There was significant pain relief, increase in range of motion and improved sleep following intrathecal opioid pump trial. The medications are Lyrica, Tizanidine, Percocet and Oxycontin for pain and trazodone for depression and insomnia. A Utilization Review determination was rendered on 2/2/2014 recommending non certification for Percocet 10/325mg #150 2 refills, Oxycontin 20mg #90 2 refills and trazodone 50mg #30 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #150 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PERCOCET; CRITERIA FOR USE OF OPIOIDS; WEANING OF MEDICATIONS; OPIOIDS, DOSING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96, 124.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for short term treatment of severe pain and during periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. Opioids could also be utilized for maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain procedures, behavioral modifications and psychiatric treatment. The record indicate that the patient have exhausted all other available treatment options. There was significant benefit following intrathecal pump trial. The oral opioids can be continued until a permanent opioid pump is implanted. That will decrease total daily opioid utilization. The criteria for Modified certification of Percocet at a maximum of #60 for breakthrough pain with no refills is met. Documentation should include UDS, absence of aberrant behavior and monthly evaluation reports.

OXYCONTIN 20MG #90 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OXYCODONE CONTROLLED RELEASE (OXYCONTIN (R)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for short term treatment of severe pain and during periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. Opioids could also be utilized for maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain procedures, behavioral modifications and psychiatric treatment. The record indicate that the patient have exhausted all other available treatment options. There was significant benefit following intrathecal pump trial. The oral opioids can be continued until a permanent opioid pump is implanted. That will decrease total daily opioid utilization. The criteria for continuation of Oxycontin 20mg #90 with no refill is met. Documentation should include monthly clinic evaluations before medication refill, Pain Contract, random UDS and absence of aberrant drug behaviors.

TRAZADONE 50MG #30 WITH 2 REFILLS: Overturned

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 9792.20-9792.26 Page(s): 13-16.

Decision rationale: The CA MTUS recommend that antidepressants be used as first-line options for the treatment of neuropathic pain and non-neuropathic pain associated with co-existing depression, anxiety, insomnia and psychosomatic symptoms. Assessment of treatment efficacy should include changes in analgesic medications use, sleep quality, ADL/physical functions and psychological status. The records indicate that the patient have significant history of depression, insomnia and anxiety disorder. She is also diagnosed with CRPS- a neuropathic pain disorder. The criteria for the use of trazodone 50mg #30 with no refill was met was met. The patient should be evaluated monthly before each refill of trazodone.