

Case Number:	CM14-0037263		
Date Assigned:	06/25/2014	Date of Injury:	07/01/1997
Decision Date:	07/23/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 59-year-old with a reported date of injury of 07/01/1997. The patient has the diagnoses of mood disorder, ulnar nerve lesion, shoulder pain and reflex sympathetic dystrophy. Treatment modalities have included medication, stellate ganglion block, SCS therapy, surgery and acupuncture. The most recent progress report from the primary treating physician dated 06/18/2014 notes improvement in the patient's pain post stellate ganglion injection. Physical exam notes decrease range of motion in the upper extremities with tenderness to palpation in the bilateral shoulders and elbows with swelling in the left hand. Treatment plan consisted of continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg (QTY: 120): 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 opioids Page(s): 80-96.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: The California MTUS does list opioids as a treatment option in chronic pain

associated with complex regional pain syndrome (previously called reflex sympathetic dystrophy). The MTUS recommends on-going management actions should include documentation of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potential aberrant or non-adherent drug-related behaviors. Continuation should be considered if the patient has returned to work or if the patient has improved functioning/pain. Dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent of the different opioids must be added together to determine the cumulative dose. Rarely, and only after pain management consultation, should the total daily dose be increased above 120 mg oral morphine equivalents. While the patient's cumulative dose is greater than 120 mg morphine equivalents, a pain management board certified physician is treating this patient. The documentation provided does show a clear improvement in the patient's pain level, activities of daily living and functioning with no recorded aberrant or non-adherent behavior. For these reason the medication should be certified.

Norco 10/325 (QTY: 120): 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 opioids Page(s): 80-96.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: The California MTUS does list opioids as a treatment option in chronic pain associated with complex regional pain syndrome (previously called reflex sympathetic dystrophy). The MTUS recommends on-going management actions should include documentation of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potential aberrant or non-adherent drug-related behaviors. Continuation should be considered if the patient has returned to work or if the patient has improved functioning/pain. Dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent of the different opioids must be added together to determine the cumulative dose. Rarely, and only after pain management consultation, should the total daily dose be increased above 120 mg oral morphine equivalents. While the patient's cumulative dose is greater than 120 mg morphine equivalents, a pain management board certified physician is treating this patient. The documentation provided does show a clear improvement in the patient's pain level, activities of daily living and functioning with no recorded aberrant or non-adherent behavior. For these reason the medication should be certified.