

Case Number:	CM14-0047971		
Date Assigned:	07/02/2014	Date of Injury:	04/18/2012
Decision Date:	08/27/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine 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:

This is a 47-year-old female with a 4/18/12 date of injury. According to the patient, the injury occurred when she stepped in a hole that was in some concrete, which grabbed her foot, and she started to fall to the right, rolling her ankle inward. According to a 4/7/14 progress note, the patient was status post a recent pain pump implantation on 3/24/14. She rated her pain level an 8/10 on a pain scale of 0-10. The pain was due to a combination of the right leg pain and postoperative pain. She complained of pain in the right lower extremity due to reflex sympathetic dystrophy. She described the pain as constant, throbbing, aching, and burning in character. Her objective findings: neurologic exam showed diminished sensation in stocking distribution, right; patient uncomfortable due to pain; heart regular rhythm. Objective findings were increased back pain with range of motion (ROM) testing, antalgic gait, palpation of the thoracolumbar region notes tenderness in bilateral paravertebral musculature; examinations of hips, knees, and ankles normal. Diagnostic impression was right foot and ankle pain; reflex sympathetic dystrophy; and complex regional pain syndrome. The treatment to date includes medication management, activity modification, surgery, physical therapy, injections, spinal stimulation. A UR decision dated 3/13/14 denied the requests for Oxycontin, Oxycodone, Lyrica, and one random urine drug screen (UDS). Regarding Oxycontin and Oxycodone, it appears that the patient has been on these opioid medications since as early as 11/19/12. Despite the chronic use of this medication, there had been no documented sustainable functional improvement. There is no evidence that the patients was able to increase her activities, return to work, or provided any decrease in pain. Previous UR decisions have urged the provider to begin an appropriate weaning process. Regarding Lyrica, the available medical records do not suggest that the use of this medication has allowed her any reduction in symptoms. This medication has been recommended non-certified on multiple occasions and a sufficient tapering amount had previously been provided.

The provider has had ample time to wean the patient from Lyrica. Regarding the request for random urine drug screening, this type of screening would be indicated for patients on opioid therapy. However, the last certified prescription for an opioid occurred on 11/27/13, to be used in the tapering process of Oxycontin and oxycodone. At the time of this request, there are no active certifications for an opioid that would indicate the need for a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 90 Oxycontin 20mg x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Ongoing Treatment) Page(s): 78-81.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the reports reviewed, the patient has been on Oxycontin since at least 11/19/12 with no documentation of significant pain reduction or improvement in activities of daily living. It is documented that prior UR decisions have recommended weaning the patient off of Oxycontin. However, according to a 4/7/14 progress note, the provider has begun a taper of Oxycontin due to the fact that the patient had an intrathecal pump implanted on 3/24/14. Therefore, the request for one prescription of 90 Oxycontin 20mg with 2 refills was not medically necessary.

150 Oxycodone 10mg x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Ongoing Treatment) Page(s): 78-81.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the reports reviewed, the patient has been on oxycodone since at least 11/19/12 with no documentation of significant pain reduction or improvement in activities of daily living. It is documented that prior UR decisions have recommended weaning the patient off of oxycodone. However, according to a 4/7/14 progress note, the provider has begun a taper of oxycodone due to the fact that the patient had an intrathecal pump implanted on 3/24/14.

Therefore, the request for one prescription of 150 Oxycodone 10mg with 2 refills was not medically necessary.

90 Lyrica 75mg x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. This patient has been diagnosed with reflex sympathetic dystrophy, which is characterized by significant neuropathic pain. According to a 10/28/13 report, the patient stated that as a result of taking Lyrica, she has noticed an improvement in her ability to stand and walk for longer periods of time on her right foot. In addition, according to a 4/7/14 progress note, the patient stated that if she misses taking Lyrica, she notices an increase in the burning sensation in her right lower extremity. Guidelines support the use of Lyrica for the treatment of neuropathic pain. Therefore, the request for 90 Lyrica 75mg with 2 refills was medically necessary.

1 random Urine Drug Screening: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. A UR decision dated 3/13/14 denied the request for a urine drug screen because Oxycontin and oxycodone were non-certified. However, it is documented in a 3/28/14 progress note that the patient is taking Percocet and Ativan as well. Guidelines support the use of urine drug screens to properly assess a patient's compliance with their pain medication regimen. Therefore, the request for one Random Urine Drug Screening was medically necessary.