MAXIMUS Federal Services

Case Number:	CM14-0049121		
Date Assigned:	06/23/2014	Date of Injury:	11/28/1994
Decision Date:	08/13/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a remote history of a work injury occurring on 11/28/94. He fell from a two-story building sustaining multiple bilateral lower extremity fractures requiring multiple orthopedic surgeries. He has been treated for chronic pain since.He was seen by the requesting provider on 09/18/13. Prior treatments had included numerous medications and physical therapy which had not helped. Current medications were trazodone, temazepam, Norco, Flector, Pennsaid, and ketoconazole cream. Physical examination findings included a height of 5 feet, 7 inches and weight 178 pounds which corresponds to a BMI of 27.9 and a diagnosis of obesity. He was noted to be in severe discomfort. There was severely decreased lower extremity range of motion with hypersensitivity, atrophy, edema, and decreased lower leg temperature. He had normal strength and normal gait. There was a combination of hyperalgesia and decreased sensation. Tylenol and ibuprofen were prescribed. Authorization for Gralise, lumbar sympathetic blocks, and physical therapy were requested. Norco was continued. On 10/18/13 pain was rated at 4-8/10. His sleep pattern had improved. Gralise was continued and ibuprofen was discontinued. Methadone was prescribed. His other medications were refilled. On 02/13/14 Gralise had been effective in produced decreased pain and had improved sleep. The requests for physical therapy and lumbar sympathetic blocks had been denied. Pain was rated at 3-8/10. Norco is referenced as having been taken up to four times per day for 20 years and had been effective. The claimant reported benefit when attending a health club with a spa three days per week. He wanted to resume Norco and aquatic exercise. Methadone was discontinued and trazodone and Gralise were continued. Norco was prescribed. He was to continue taking temazepam. Diagnoses included chronic pain, RSD, and postoperative pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: 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, criteria for use, p 76-80 Page(s): 76-80.

Decision rationale: The claimant is nearly 20 years status post work-related injury when he sustained severe bilateral lower extremity multitrauma orthopedic injuries. He continues to be treated for chronic pain. Based on his response to medications, he appears to have somewhat predictable activity-related breakthrough pain (i.e. incident pain). He appears motivated and participates in an independent self-management program including aquatic therapy.Norco is a short-acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Improvement in pain is documented including the ability to perform an independent exercise program with its use, and there are no identified issues of abuse, addiction, or poor pain control. Given the claimant's work injury, there are no inconsistencies in the history, presentation, the claimant behaviors or by physical examination.

1 monthly menbership to health club for aquatic exercise and access to heated whirlpool spa: 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 Chronic Pain, p 87 Page(s): 87. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle and Foot (acute and chronic).

Decision rationale: The claimant is nearly 20 years status post work-related injury when he sustained severe bilateral lower extremity multitrauma orthopedic injuries. He continues to be treated for chronic pain. Based on his response to medications, he appears to have somewhat predictable activity-related breakthrough pain (i.e. incident pain). Aquatic therapy is recommended for patients with conditions including CRPS or other chronic persistent pain and have comorbidities that would be expected to preclude effective participation in a weight-bearing physical activity. The program should become self managed and criteria for continued membership to a pool include when following an exercise program.In this case, he appears motivated to continue an independent exercise program including aquatic therapy which would be considered as an appropriate treatment where there are expected difficulties with lower extremity weight bearing.