

Case Number:	CM14-0063355		
Date Assigned:	07/11/2014	Date of Injury:	02/26/2012
Decision Date:	09/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 patient is a 25 year old female with date of injury 2/26/12 that injured her right ankle, foot and lower back when a beer keg landed on her foot. The treating physician report dated 1/21/14 indicates that the patient presents with chronic pain affecting the right ankle, foot and lower back that is progressively worsening. The physical examination findings reveal right foot decreased ranges of motion in all planes, 2+ edema and tenderness of the foot and ankle, muscle strength is 3/5 on the right and 4/5 on the left, decreased ranges of motion in the lumbar spine, 2+ spasms of the lumbar paraspinals and positive SLR on the right at 60 degrees. MRI report dated 10/16/13 reveals disc bulging with mild thecal sac impression at L3/4 and L4/5 with facet arthrosis and left neural foraminal narrowing (mild) at L5/S1. The current diagnoses are: 1. Metatarsal instability. 2. Morton neuroma. 3. Subtalar arthritis. 4. Tarsal tunnel syndrome. 5. Reflex sympathetic dystrophy of the right foot per bone scan. 6. Paravertebral lumbar sympathetic block on the right side administered 7/20/13. The utilization review report dated 4/4/14 denied the request for Percocet 10/325mg #120 and Trial Dorsal Column Stimulator x 30 days based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic, Opioids, long-term assessment Page(s): 80-82 88-96.

Decision rationale: The patient presents with chronic right ankle, foot and lower back pain. The current request is for Percocet 10/325mg #120. The treating physician report dated 1/21/14 states, "Restart percocet 10/325mg #120 and discontinue MS Contin." The treating physician states that the patient's condition is progressively getting worse and the patient requires a trial of dorsal column stimulator to lumbar spine for RSD of the right foot and that Percocet is needed for pain management. The MTUS guidelines do recommend Percocet for the treatment of chronic pain. In this case the treating physician has requested that the patient restart Percocet as this medication had previously helped manage pain levels. The treating physician has documented worsening of pain with decreased function while taking MS Contin and a request is made for return of Percocet which previously provided better functional relief is in accordance with the MTUS guidelines. Recommendation is for authorization.

Durable Medical Equipment: Trial Dorsal Column Stimulator x 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS spinal cord stimulator Page(s): 38, 105-107.

Decision rationale: The patient presents with chronic right ankle, foot and lower back pain with diagnosis of Reflex Sympathetic Dystrophy of the right foot. The current request is for Durable Medical Equipment: Trial Dorsal Column Stimulator x 30 days. The first request for th trial of dorsal column stimulator is noted in the 11/19/13 treating physician report that states, "We are requesting authorization for a trial of dorsal column stimulator for RSD based upon patient's symptoms, objective findings and diagnostic findings and as recommended by AME doctor." The MTUS Guidelines recommend spinal cord stimulator for the treatment of Complex Regional Pain Syndrome (Reflex Sympathetic Dystrophy). In this case the patient has failed to improve with conservative treatments that have included medication management, physical therapy and sympathetic blocks. The treating physician has diagnosed the patient with RSD and the MTUS guidelines support spinal cord stimulators for the treatment of CRPS/RSD. Recommendation is for authorization.