

Case Number:	CM14-0063723		
Date Assigned:	07/11/2014	Date of Injury:	11/30/2011
Decision Date:	08/27/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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. 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 injured worker is a 39 year old male who had a work-related injury on 11/30/11. He fell approximately 15-20 feet landing on concrete and fracturing his right ankle. An open reduction internal fixation (ORIF) of the right ankle and subsequent removal of hardware is noted. The injured has had chronic pain since the ORIF; however, partial relief is noted due to removal of hardware. The skin over the medial malleolus and anterior joint is sensitive to touch, heat, and cold. Touch, pressure and cold are painful. The injured worker does not wear full length socks or shoes that touch ankle bone because the area is extremely sensitive to touch and pressure. Three lumbar sympathetic blocks have been performed without significant relief. A trial of physical therapy is noted to have caused worsening of pain. The injured worker is intolerant to medications Gabapentin and Cymbalta. His pain at the worst is 10/10. His lowest pain score is 6/10. His usual pain score is 7-8/10. Sleep pattern is the same. Functionality is worse. Medication usage is increased. A narcotic agreement was signed on 10/21/13, opioid risk tool score zero which equals low risk. On physical examination, range of motion is almost absent at the right ankle. Muscle mass and muscle tone are normal. Right foot, ankle, and lower leg are mottled, cooler than the lower extremity with decreased capillary refill. There is exquisite allodynia to light touch, pressure over the medial malleolus but also noted over the lateral ankle and anterior ankle joint. Range of motion of the right ankle is moderately decreased. Sensation decreased dorsal aspect of the right foot and now also lateral aspect of the right foot. The skin of the right foot is mottled and moist to palpation, the left foot is dry. There is a distinct difference in appearance and palpation (moisture) between left and right foot. Diagnoses include chronic pain syndrome, reflex sympathetic dystrophy of the lower limb, lumbago, lumbosacral spondylosis without myelopathy, chronic pain due to trauma. Prior utilization review on 04/24/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid's.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioid, page 74-80 and on the Non-MTUS Official Disability Guidelines (ODG) Pain chapter, Opioid's.

Trazadone 50mg #60: 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 Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Tramadol (Ultram[®]).

Decision rationale: The injured worker has severe chronic regional pain syndrome (CRPS) in the right ankle secondary to the fracture and subsequent surgery. Difficulty sleeping secondary to the CRPS, Trazadone does afford him five hours of sleep. As such, medical necessity has been established.

Lyrica 75mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Antiepilepsy drugs (AEDs).

Decision rationale: The patient has been on different medications, including Gabapentin and Cymbalta which he was intolerant to. A diagnosis of chronic regional pain syndrome exists. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has Food and Drug Administration (FDA) approval for both indications, and is considered first-line treatment for both. Therefore, medical documentation has been established and the request is medically necessary.

Tramadol 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Tramadol.

Decision rationale: Tramadol is not recommended as a first-line therapy but recommended for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain. As such medical necessity has been established.