

Case Number:	CM14-0072248		
Date Assigned:	07/16/2014	Date of Injury:	02/07/2001
Decision Date:	09/10/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 Management, and is licensed to practice in Florida. 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 56-year-old male with a reported injury on 02/07/2001. The mechanism of injury was not provided. The injured worker's diagnoses included CRPS and depression. The injured worker had previous treatments of psychology, aquatic therapy, and physical therapy that reported to be helpful. The injured worker had an examination on 06/09/2014 with continued complaints of complex regional pain syndrome symptoms involving both of his lower extremities. The injured worker did have a previous examination on 04/17/2014 and since then he reported that his symptoms were worse. He had severe pain to his left knee more than his right knee and his legs. He reported recent severe pain which was so severe that he had to go to the emergency room 3 days prior and also had 2 visits to the emergency department the day before the examination. He received Toradol and Actiq which helped his pain. He complained of swelling to his calves and indicated they were firm to touch. He reported that his knees were severely aggravated by activity. He described his pain as being sharp, burning, aching, and stabbing and indicated the pain was severe and constant. His medication list consisted of Exalgo, Actiq, Dilaudid, Flector patch, Lodine, Cymbalta, Zonegran, and Viagra. The recommended plan of treatment was to continue his medications. The rationale was that the medications kept his pain at a moderate level and lead to an improvement in function with improvement of ability to stand for longer periods of time, walk further, and participate in meaningful daily activities such as raising his children. It was reported that the Actiq worked well to provide significant relief when his pain escalated to a 9/10. The request for authorization was signed and dated for 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 12mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 87.

Decision rationale: The request for Exalgo 12 mg #30 is not medically necessary. The California MTUS Guidelines recommend that for monitoring of ongoing opioids to have the documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The California MTUS Guidelines recommend for long term users of opioids of 6 months or more for documented pain and functional improvement and compared to a baseline. The Guidelines also recommend that patient's morphine equivalent dosage not exceed 120. The side effects were assessed and the injured worker denies any side effects. The injured worker's morphine equivalent dose is over 2,000 per day which is far above the recommended amount of 120 mg. There is a lack of evidence of pain relief. There is not a VAS scale provided. The physical and psychosocial functioning deficits and improvements are not provided. There is a urine drug screen provided from 03/24/2014. The results of his urine drug screen test have been inconsistent with his prescriptions. Furthermore, the request does not specify directions as to frequency and duration. There is a lack of evidence to support the number of medications without further evaluation and assessment. Therefore, the request for the Exalgo 12 mg #30 is not medically necessary.

Actiq 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 87.

Decision rationale: The request for Actiq 800 mg #60 is not medically necessary. The California MTUS Guidelines recommend that for monitoring of ongoing opioids to have the documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The California MTUS Guidelines recommend for long term users of opioids of 6 months or more for documented pain and functional improvement and compared to a baseline. The Guidelines also recommend that patient's morphine equivalent dosage not exceed 120. The side effects were assessed and the injured worker denies any side effects. The injured worker's morphine equivalent dose is over 2,000 per day which is far above the recommended amount of 120 mg. There is a lack of evidence of pain relief. There is not a VAS scale provided. The physical and psychosocial functioning deficits and improvements are not provided. There is a urine drug

screen provided from 03/24/2014. The results of his urine drug screen test have been inconsistent with his prescriptions. Furthermore, the request does not specify directions as to frequency and duration. There is a lack of evidence to support the number of medications without further evaluation and assessment. Therefore, the request for the Actiq 800 mg #60 is not medically necessary.