

Case Number:	CM14-0081133		
Date Assigned:	07/18/2014	Date of Injury:	06/29/2003
Decision Date:	08/25/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 injured worker is a 63 year old male who had a work related injury on 06/29/2003. There is no documentation of mechanism of injury. On 03/27/14 he was complaining of severe left foot pain due to reflex sympathetic dystrophy (RSD) from a work related injury. His pain continues to be a throbbing pain with intermittent muscle spasm. The left foot swells as he is up and about. It is noted the injured worker continues to have color changes from purple to mottled. The injured worker is having more hypersensitivity. He can walk up to half a block with his cane and utilizes a scooter for longer distances. His medications are taken as directed to include Avinza one tablet twice a day with Norco once a day for breakthrough pain. The combination of Avinza and Norco decreases pain levels by approximately 50%. One Restoril is taken to help with sleep. With the medications the injured worker is able to complete activities of daily living (ADLs) more independently. It is noted the injured worker wakes up frequently during the night due to throbbing pain. Physical examination noted that his mood and affect are normal. The injured worker is in no acute distress. The injured worker has good hygiene. There is no apparent loss of coordination. Allodynia (pain caused by simple touch) is present. Limited range of motion. No swelling. Antalgic gait with a cane. It is noted that he is stable on this regimen of medication. Diagnosis is complex regional pain syndrome (CRPS), type I lower extremity. Prior utilization review was done on 05/10/14 and the Norco and Avinza were modified to initiate weaning. The Restoril was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills: Overturned

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

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

Decision rationale: The request for Norco 10/325mg #90 with 2 refills is medically necessary. The clinical documentation submitted for review supports the request for Norco 10/325. The injured worker has severe left foot pain due to Reflex sympathetic dystrophy (RSD) from a work related injury. He is taking Avinza 1 tablet twice a day with Norco once a day for breakthrough pain. The combination of Avinza and Norco decreases his pain levels by approximately 50%. With the medications he is able to complete ADLs more independently. As such medical necessity has been established.

Avinza 30mg #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (Morphine Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (morphine sulfate) Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter. Avinza® (morphine sulfate).

Decision rationale: The request for Avinza 30mg #120 with 2 refills is medically necessary. The clinical documentation submitted for review is medically necessary. The injured worker has severe left foot pain due to Reflex sympathetic dystrophy (RSD) from a work related injury. He is taking Avinza 1 tablet twice a day with Norco once a day for breakthrough pain. The combination of Avinza and Norco decreases his pain levels by approximately 50%. With the medications he is able to complete his ADLs more independently. As such medical necessity has been established.

Restoril 30mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, < Muscle relaxants (for pain).

Decision rationale: The request for Restoril 30mg #30 with 2 refills is medically necessary. The clinical documentation submitted for review supports the request. The injured worker has severe left foot pain due to Reflex sympathetic dystrophy (RSD) from a work related injury. He has

difficulty sleeping secondary to RSD, rests more comfortably with the restoril. He is taking one per night. As such, medical necessity has been established.