

Case Number:	CM14-0087256		
Date Assigned:	07/23/2014	Date of Injury:	04/25/2003
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/10/2014

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 Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on April 25, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 19, 2014 indicated that there were ongoing complaints of right upper extremity pain, as well as cervical spine pain. The physical examination demonstrated a 5'2, 175 pound borderline hypertensive (130/80) individual noted to be in moderate distress. There was hypersensitivity to touch of the right upper extremity and erythema of the right hand, but she was able to wear a brace on her right hand. Motor function was described as 1/5. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy and pain management techniques. A request had been made for multiple medications and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Carisoprodol. Decision based on Non-MTUS Citation Official Disability Guidelines, Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: When noting the date of injury, the injury sustained, the current complaints, the findings on physical examination and by the parameters noted in the MTUS, this medication is not recommended. This medication is not indicated for long-term or indefinite use. Furthermore, the side effect profile is significant enough to warrant that this medication is not to be used in a chronic situation. Therefore, the medical necessity has not been established.

Lorazepam 0.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This medication is a benzodiazepine. As noted in the MTUS, the long-term use of benzodiazepines is not recommended as the efficacy is unproven and there is a significant risk of dependence. When noting the diagnosis, and by the side effects profile of this medication, there is no data presented to support the medical necessity of this preparation.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Specific Drug List Page(s): 86, 91.

Decision rationale: This medication is a short acting opioid combination with acetaminophen. The guidelines indicate that this is an effective method in treating chronic pain. It is not clear from the data provided if this is for breakthrough pain or for the primary intervention. As such, when noting the suggested diagnosis of reflex dystrophy, the reported mechanism of injury, the lack of clinical information relative to each of the prescribing parameters outlined in the MTUS, there is insufficient clinical data presented to support the medical necessity of this medication.

Duragesic 100mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 86-93.

Decision rationale: Duragesic (fentanyl) is a particularly potent narcotic analgesic at 80 times more potent than morphine. This medication is not recommended for musculoskeletal pain. It is noted that the 100g patch equates to 240mg of the morphine equivalent dose (MED), which is

greater than the MTUS recommended morphine equivalent dose (MED) per day, which is 120mg. When noting the date of injury, the long-term utilization, the diagnosis of regional pain syndrome, the current objective data to support this diagnosis, a clinical indication for such a medication protocol has not been established. Therefore, the medical necessity of this medication is not supported in the records presented for review.

Oxycodone-Acetaminophen 10/325mg #95: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: When noting the date of injury, the injury sustained, the current diagnosis and given the long-term utilization of narcotic analgesics without documentation of any efficacy, utility or improvement in functional pain relief, there is insufficient clinical information presented to support this medication. It is noted that this medication is for the short-term management of moderate to severe breakthrough pain. The initial pain generator has not been identified. As such, the medical necessity for this preparation is not established.