

Case Number:	CM14-0091732		
Date Assigned:	07/25/2014	Date of Injury:	01/14/2006
Decision Date:	09/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/17/2014

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 Internal 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 61 year old male who sustained an injury on 01/14/06 when he sustained a crush injury to the right knee and left ankle by a forklift. The injured worker has had extensive surgical intervention for the right knee which has required long acting as well as short acting narcotic medications to control his pain. The injured worker has completed a total of 8 surgical procedures for the right knee but no surgery has yet been performed for the left ankle. Following right knee replacement, the injured worker continued to have chronic pain which was being controlled by Norco and Oxycontin. The injured worker was then changed from Oxycontin to Opana ER; however, due to poor efficacy and side effects, Oxycontin was again prescribed. Dosages ranged from 40-80mg 2-3 times a day to achieve pain control. The injured worker was utilizing Norco for breakthrough pain relief. The clinical report from 05/16/14 indicated that the injured worker did not wish to proceed with a spinal cord stimulator trial. The injured worker did wear braces for both the right knee and left ankle. The injured worker was felt to be stable with the current prescription of Oxycontin at a maximum dose of 60mg 3 times daily. The injured worker was also utilizing Norco for breakthrough pain. Other medications included Lyrica 100mg 2-3 times a day as well as Omeprazole 20mg daily. The injured worker's physical examination noted limited range of motion at the right knee on flexion and extension. There was also limited range of motion noted in the left knee as well as the lumbar spine. Diffused tenderness to palpation in the right knee was present. There was also noted weakness at the right hip flexors and at the knee. The injured worker was recommended to continue with the currently prescribed medications for pain control. A follow up on 07/01/14 noted persistent complaints of right lower extremity pain. The injured worker was reported to have significant right lower extremity pain that was felt to be severe without medications and only moderately controlled with medications. The injured worker's physical examination findings were not substantially

changed. The injured worker felt that his pain was unbearable without narcotic medications. The requested Hydrocodone 10/325mg, Lyrica 100mg, Oxycontin 60mg total, and Soma were all denied by utilization review on 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/25 MG EVERY 4-6 HOURS AS NEEDED: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review would support the continuation of Hydrocodone as prescribed. The injured worker does have a severe amount of right lower extremity symptoms due to multiple surgical procedures completed to date. With medications, the injured worker's pain control was approximated at 50% improvement. Without medications for breakthrough pain, the injured worker felt that his pain was uncontrolled. It is noted that the injured worker had previously contemplated amputation for pain control at a last resort basis. Although the injured worker is currently exceeding the maximum amount of narcotics recommended by guidelines, there are extenuating circumstances in this case that would support the continuation of this medication at this point in time. Therefore, this reviewer would recommend continuation of Hydrocodone as medically necessary.

LYRICA 100 MG TWICE TO 3 TIMES A DAY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: In review of the clinical documentation submitted, this reviewer would recommend the request for Lyrica as currently prescribed. The injured worker does have a component of continuing neuropathic pain in the right lower extremity based on review of the injured worker's history as well as the physical examination findings. Per guidelines, Lyrica is a 1st line recommended medication to treat chronic neuropathic pain. Given the injured worker's ongoing objective findings consistent with the pain secondary to a neuropathic etiology, this reviewer would have recommended this request as medically necessary.

OXYCONTIN 40MG AND 20 MG 3 TIMES PER DAY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review would support the continuation of Oxycontin as prescribed. The injured worker does have a severe amount of right lower extremity symptoms due to multiple surgical procedures completed to date. With medications, the injured worker's pain control was approximated at 50% improvement. Without medications for baseline pain, the injured worker felt that his pain was uncontrolled. It is noted that the injured worker had previously contemplated amputation for pain control at a last resort basis. Although the injured worker is currently exceeding the maximum amount of narcotics recommended by guidelines, there are extenuating circumstances in this case that would support the continuation of this medication at this point in time. Therefore, this reviewer would recommend continuation of Oxycodone as medically necessary.

SOMA PO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Soma, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is not specific in regards to dose, frequency, quantity, or duration. Therefore, this reviewer would not have recommended ongoing use of this medication.