

Case Number:	CM14-0095863		
Date Assigned:	07/25/2014	Date of Injury:	05/08/2011
Decision Date:	09/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/24/2014

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 Pain Management 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 40-year-old-male who sustained an industrial injury to the right foot on 05/08/2011. The mechanism of injury was not mentioned. She has been diagnosed with Neuroma, tarsal tunnel syndrome, and complex regional pain syndrome. He is continuing to work. He is taking Norco 8-10/day and Lyrica 75mg 8/day. On exam, there is tenderness in the right foot especially the forefoot. There is allodynia to touch. He has a implanted neurostimulator. He complains of pain and states that the right lower leg, foot and ankle, is essentially unchanged from before the nerve stimulator was implanted. His pain level still averages 6-7/10 and he uses up to #8 Norco per day. On exam, there is tenderness to deep palpation in the forefoot, most specifically the region of the distal 2nd as well as 3rd interspace of the right forefoot. There is a positive Tinel's sign documented to the medial aspect of the right rear foot, over the region of the tarsal canal. There is no swelling at this level. The is no pain with range of motion of the lesser metatarsophalangeal joints of the right foot themselves, no signs of swelling or other signs of potential fracture/dislocation. His medications include Demerol, Lyrica, Norco, Percocet, Vicoprofen, and Voltaren. She has had injection therapy consisting of 1.5cc of a combination of Celestone Soluspan, and Marcaine with epinephrine is injected respectively to the distal 2nd and 3rd interspace of the right forefoot, as well as at posterior tibial nerve of the right rear foot. His diagnoses are Neuroma; Tarsal Tunnel Syndrome; Chronic Regional Pain Syndrome. A prior utilization review modified the request for Norco 10/325 Qty: 60.00 and denied the request for Demerol Hydrochloride 100mg Qty: 80.00 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Demerol HCL 100mg QTY 80.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol) Page(s): 61.

Decision rationale: Demerol is not recommended for chronic pain control (Lexi-Comp, 2008). Meperidine is a narcotic analgesic, similar to morphine, and has been used to relieve moderate to severe pain. As per California Chronic Pain Medical Treatment Guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of any significant improvement in pain or function with chronic use. In fact the claimant is taking 10 Norco a day in addition to Demerol, which is not appropriate. Therefore, the request is considered not medically necessary.

Norco 10/325mg QTY 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. The California MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of any significant improvement in pain or function with continuous use. In fact, the injured worker has been taking up to 10 Norco a day which indicates that this opioid analgesic is not efficacious in managing his pain and also exceeds the maximum allowed amount of acetaminophen per day. Therefore, the medical necessity of Norco has not been established.