MAXIMUS Federal Services

Case Number:	CM14-0205834		
Date Assigned:	12/15/2014	Date of Injury:	03/05/2011
Decision Date:	02/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/09/2014

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 Acupuncture & 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:

55y/o female injured worker with date of injury 3/5/11 with related right leg, right ankle, and right foot pain. Per progress report dated 10/29/14, physical exam noted right foot allodynia, hypesthesia, hyperalgesia, and trophic skin changes. There was right foot skin dusky purple discoloration. There was 1+ swelling of the foot. There was tenderness upon palpation of the entire foot. Muscle strength was 5/5 in all limbs, except 4/5 in the right tibialis anterior, and 2/5 in the right extensor hallucis longus and right peroneals. Sensation was intact to light touch, pinprick, proprioception, and vibration in all limbs, except reduced to light touch in the right leg due to hyperesthesia. There was antalgic gait favoring the right foot. Treatment to date has included spinal cord stimulator, physical therapy, and medication management.The date of UR decision was 11/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "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 '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the'4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation contains a UDS report dated 9/18/14 that is consistent with prescribed medications. As MTUS recommends discontinuing opioids if there is no overall improvement in function. The request is not medical necessary.

Pristiq 50mg #30 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), CRPS, medications.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006).Per the ODG guidelines with regard to medications for CRPS: Stimulus-independent pain: The use of antidepressants (primarily tricyclics and SNRIs), anticonvulsants (with the most support for gabapentin), and opioids has been primarily extrapolated based on use for other neuropathic pain disorders. There are no long term studies demonstrating efficacy of opioids as treatment for CRPS. Opioids are a second- to third- line choice for patients failing other pharmacologic interventions with the understanding that long-term use can actually worsen allodynia and/or hyperalgesia.I respectfully disagree with the UR physician, Pristiq is indicated for the injured worker's CRPS of the right lower extremity. The request is medically necessary.