

Case Number:	CM14-0207777		
Date Assigned:	12/19/2014	Date of Injury:	08/25/1999
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/11/2014

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 71-year-old female who reported an injury on 08/25/1999. The mechanism of injury was not provided. Her diagnosis included complex regional pain syndrome involving the right lower extremity. Past treatments included medications. Diagnostic studies included an MRI of the left foot on 08/10/2014 that showed moderate osteoarthritis involving the mid foot and hind foot. Low grade (grade 1) strain of the second/third and third/fourth interspace dorsal interosseous muscles. Surgical history was not provided. On 08/13/2014, the injured worker was seen for follow-up and evaluation. Her last UDS was 02/05/2014, which was consistent with prescribed medications without any evidence of illegal drug use. The injured worker continued to experience right leg and right knee pain intermittently that radiated down to the bottom of her right foot. She also complained of left lower leg and foot pain that developed after a cake platter fell on her foot in March. She rates her pain 7/10 to 8/10. OxyContin helps bring pain down to tolerable levels, averaging 3 tablets daily and occasionally 4. Xanax helps reduce anxiety. Elavil helps reduce neuropathic pain. The injured worker denies any side effects related to medication. She takes Celebrex which helps reduce her pain. Upon examination, there was minimal swelling to both lower extremities. Right foot was sensitive to touch with mild increased warmth to the right leg compared to the left. The treatment plan was to review the CURES report, which was consistent; refill medications; prescribe Celebrex; request authorization for VQ interferential stim unit to help manage pain and reduce swelling and inflammation and to improve function; request authorization for lumbar sympathetic block to help reduce right lower extremity pain; and return to the clinical in 8 weeks for re-evaluation and further recommendation. The Request for Authorization was dated 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Oxycodone 20MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 78,97.

Decision rationale: The request for prospective usage of oxycodone 20 mg #90 is not medically necessary. The California MTUS Guidelines do not recommend opioids for chronic use. The injured worker reported to continue to have right leg pain that was rated 7/10 to 8/10. The injured worker stated that the oxycodone brought the pain down to tolerable levels; however, there is a lack of documentation of evidence of objective functioning that would benefit with use of the medication. The lab report from 02/05/ 2014 was positive for opioids; however, there is a lack of documentation of reassessment profile, updated pain contract, and attempted of tapering of medications. The OxyContin is not supported; As such, the request for oxycodone 20 mg #90 is not medically necessary.

Prospective Usage of Xanax 0.5MG #90: Upheld

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

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

Decision rationale: The request for Xanax 0.5 mg #90 is not medically necessary. The California MTUS Guidelines state that benzodiazepines are not recommended for long term use because risk of dependence. It was noted that Xanax helps to reduce anxiety. There is a lack of evidence of functional gains from said medication. There is a lack of documentation of a Beck Anxiety Inventory or Beck Depression Inventory score. There is a lack of documentation that the injured worker has anxiety. Long term use is not recommended. There is a lack of documentation of other drugs being tried. As such, the request is for Xanax 0.5 mg #90 is not medically necessary.

Interferential Stim Unit & Supplies (Rental or Purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The request for interferential stimulation unit and supplies (rental or purchase) is not medically necessary. The California MTUS Guidelines do not recommend the interferential current stimulator as an isolated intervention. The injured worker complains of pain; the guidelines do not recommend. The request for interferential stimulator unit and supplies (rental or purchase) is not medically necessary.