

Case Number:	CM15-0144234		
Date Assigned:	08/05/2015	Date of Injury:	03/01/2009
Decision Date:	08/31/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female patient who sustained an industrial injury on March 01, 2009. The injured worker was employed as a pharmacy technician and then became a stock clerk. The patient was evaluated and went back to regular work duty but pain persisted. There is even mention of a second work related injury separate from this claim. She has been diagnosed with Reynaud's syndrome, involved in a motor vehicle accident, going through divorces, and separations, diagnosed with posttraumatic stress disorder after knowledge of daughter's molestation, and multiple moves out of state. A recent primary visit dated June 24, 2015 reported the patient with right upper quadrant pain status postindustrial fall. The patient is noted with a history for complex regional pain syndrome with right upper extremity pain. She states there has been increased swelling and pain. She states this is recent and she is unable to ambulate. She is overtly crying at this visit. The pain is in the right wrist and radiates to the right forearm, to the collarbone, worse on the right. Previous failed treatment to include: Lyrica, nerve blocks, stellate injections, Tramadol, Vicodin, and Dilaudid. The assessment found the patient with: reflex sympathetic dystrophy of the upper limb, and reflex dystrophy of the lower limb. There is mention of a spinal cord stimulator trial with good results performed. The plan of care is to continue with medications, utilizing the spinal cord stimulator, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 16mg #30: Upheld

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) 74-96.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2009 injury without acute flare, new injury, or progressive deterioration. The Exalgo 16mg #30 is not medically necessary and appropriate.