

Case Number:	CM15-0169281		
Date Assigned:	09/10/2015	Date of Injury:	02/04/2008
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/27/2015

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, Pain Management, Occupational Medicine

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 60-year-old male who sustained an industrial injury on 02-04-2008. Diagnoses include reflex sympathetic dystrophy of the lower extremity, chronic pain syndrome, long-term use of medications, and complex regional pain syndrome. His comorbidities include emphysema, heart arrhythmia and high blood pressure. A physician progress report dated 06-22-2014 documents continued constant left lower extremity pain that varies in intensity. There is continued swelling of the left knee joint and stiffness. He has numbness and tingling in the left foot. He has a difficult time with walking due to an increase in swelling with walking. There is documentation he is on maintenance phase of opioid therapy and will likely require long-term opioid therapy for control of non-malignant pain. On 05-22-2015, there is documentation of a reaction to the Lidoderm patches, and Voltaren Gel was requested. A physician progress note dated 07-20-2015 documents the injured worker has continued pain, which he rates as 10 out of 10. He cannot wear pants due to the severe pain with the pants rubbing his legs. His current medications include Lansoprazole, Lidoderm patch 5%, Norco, and Voltaren 1% topical gel. He ambulates with an antalgic gait. There is ecchymosis noted over the foot of his left lower extremity and joint swelling noted over the knee of the left lower extremity. Left knee range of motion shows flexion is limited. He has been on Norco since at least 01-15-2015. No urine drug screen was found in documentation present for review. Treatment to date has included diagnostic studies, medications, use of Thermancare knee and elbow bandage. On 07-30-2015, the request for Lansoprazole 15mg #60 with three refills was certified. On 07-30-2015, the Utilization Review non-certified the requested treatment a urine toxicology screening. On 07-30-2015, the Utilization Review modified the request for Norco 10/325mg #180 to Norco 10-325mg #92

between 07-20-2015 and 09-28-2015 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) urine drug testing.

Decision rationale: MTUS 2009 states that urine drug testing is an option if illicit drug use is suspected. ODG states that gas chromatography and mass spectrometry are not needed unless quantitative confirmation is needed for an unsuspected substance that is detected. Quantitative testing is not needed unless an unsuspected substance is detected with initial screening. This request for urine toxicology testing does not adhere to ODG since ODG recommends against quantitative testing with GC/MS. Therefore, this request for urine toxicology is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 recommends that opioids be discontinued if there is poor pain control with their use or lack of functional improvement when used to treat non-cancer pain. This patient is diagnosed with complex regional pain syndrome; however, he continues to describe significant pain with limited ambulation. Opioids have not been effective in this case. Therefore, ongoing use of Norco in the situation is not medically necessary based on the lack of pain control and functional improvement. Ongoing use of opioid medications can lead to dependency.