

Case Number:	CM15-0031851		
Date Assigned:	02/25/2015	Date of Injury:	02/22/1996
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female who reported an injury on 02/22/1996. The mechanism of injury involved repetitive activity. The current diagnoses include chronic cervicolumbar strain and reflex sympathetic dystrophy. The injured worker presented on 11/12/2014 for an initial office visit with complaints of bilateral upper and lower extremity pain, numbness, and tingling. The injured worker also reported cervical and lumbar spine pain. The injured worker was status post left carpal tunnel release. It was noted that the injured worker had been previously treated with epidural steroid injection, medication management, and 2 spinal cord stimulator trials. The current medication regimen includes Keppra 500 mg, Lidoderm 5% patch, meloxicam 7.5 mg, Senokot, Topamax 25mg, oxycodone 5 mg, OxyContin 40 mg, Prozac 20 mg, Ambien 10 mg, and fentanyl 75 mcg. Upon examination, there was diffuse allodynia in all 4 extremities with no gross muscular wasting. It was difficult to carry out a meaning motor examination with the upper and lower extremities secondary to guarding. There was no focal weakness noted. Reflexes were 1+ and equal at the bicep, tricep, brachioradialis, patellar, and Achilles regions. Recommendations included an increase in the dose of OxyContin and continuation of all other medications. A Request for Authorization form was then submitted on 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 120mg #90 with 2 week prescription: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74 & 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication without any evidence of objective functional improvement. In the absence of significant improvement, the ongoing use of the above medication would not be supported. Recent urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.

Oxycontin 60mg #45 with 2 week prescription: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74 & 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication without any evidence of objective functional improvement. In the absence of significant improvement, the ongoing use of the above medication would not be supported. Recent urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.