

Case Number:	CM15-0082751		
Date Assigned:	05/05/2015	Date of Injury:	08/13/2005
Decision Date:	07/27/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 49 year old female, who sustained an industrial injury on 8/13/2005. The current diagnoses are crushing injury of the foot, reflex sympathetic dystrophy of the lower limb, and morbid obesity. There are associated diagnoses of depression, anxiety disorder and stress. On 12/3/2014, the mental health specialist noted progressive worsening of the psychosomatic symptoms and recommended continuation of cognitive behavioral therapy. According to the progress report dated 4/9/2015, the injured worker complains of bilateral foot and chest wall pain. The pain is described as stabbing and electrical. He rates his current pain as 4/10 on a subjective pain scale, his pain severity as 5/10 and his worst pain 9/10. The current medications are Norco, Morphine ER, and Flector patch. Treatments and diagnostics to date has included medications management, epidural injections, PT, CBT, x-rays, MRI studies and electrodiagnostic testing. The plan of care includes prescriptions for Norco and Morphine ER. The medications listed are Diclofenac, Amitriptyline, Flector patch, Norco and Morphine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg (1 every 6 hrs) Qty 120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-82, 86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Condition Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non-opioids co-analgesics and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interactions with other sedative medications. The guidelines recommend that patient with significant psychosomatic be treatment with anticonvulsant and antidepressant analgesic medications. The records indicate exacerbation of symptoms despite utilization of opioid medications. The decreased efficacy of opioids associated with increased pain can be indicated of opioid induced hyperalgesia state. There are no documentation of guidelines mandated compliance monitoring of serial UDS tests, CURES data reports, absence of aberrant behaviors or function restoration. The records showed that the patient had not failed treatment with co-analgesic medications such as Duloxetine and different classes of anticonvulsants. The criteria for the use of Norco 10/325mg #120 with 1 refill was not met; the request is not medically necessary. The guidelines recommend that chronic pain patients with significant psychiatric disorder be referred to Pain Program or Addiction Centers for safe weaning of high dose opioid medications.

Morphine ER (extended release) 15 mg (3 times daily) Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-82, 86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non-opioids co-analgesics and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interactions with other sedative medications. The guidelines recommend that patient with significant psychosomatic be treatment with anticonvulsant and antidepressant analgesic medications. The records indicate exacerbation of symptoms despite utilization of opioid medications. The decreased efficacy of opioids associated with increased pain can be indicated of opioid induced hyperalgesia state. There are no documentation of guidelines mandated compliance monitoring of serial UDS tests, CURES data reports, absence of aberrant behaviors or function restoration. The records showed that the patient had not failed treatment with co-analgesic medications such as Duloxetine and different classes of anti-convulsants. The criteria for the use of Morphine 15mg ER TID #90 was not met; the request is not medically necessary. The guidelines recommend that chronic pain patients with significant psychiatric disorders be referred to Pain Programs or Addiction Centers for safe weaning of opioid medications.