

Case Number:	CM14-0176173		
Date Assigned:	10/29/2014	Date of Injury:	04/24/2009
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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 Emergency 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 33 year-old male, who sustained an injury on April 24, 2009. The mechanism of injury is not noted. Diagnostics include February 24, 2014 drug screen reported as showing positive for codeine, hydromorphone, morphine, oxycodone, oxycmorphone. Treatments have included: medications, physical therapy. The current diagnoses are: reflex sympathetic dystrophy lower limb- CRPS Type 1, chronic pain, erectile dysfunction- opiate-induced hypogonadism. The stated purpose of the request for MS Contin 30mg, #60 was not noted. The request for MS Contin 30mg, #60 was modified to QTY # 40 on September 30, 2014, citing poor symptom control and side effects. The stated purpose of the request for Percocet 10/325mg, #30 was not noted. The request for Percocet 10/325mg, #30 was denied on September 30, 2014, citing poor symptom control and side effects. Per the report dated August 26, 2014, the treating physician noted complaints of chronic upper and lower extremity pain. Exam findings included cervical tenderness, allodynia to both upper and lower extremities, temperature and color changes below the knee to both lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested MS Contin 30mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going, Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic upper and lower extremity pain. The treating physician has documented cervical tenderness, allodynia to both upper and lower extremities, temperature and color changes below the knee to both lower extremities. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed current narcotic pain contract. The criteria noted above not having been met. MS Contin 30mg, #60 is not medically necessary.

Percocet 10/325mg, #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, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Percocet 10/325mg, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going, Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic upper and lower extremity pain. The treating physician has documented cervical tenderness, allodynia to both upper and lower extremities, temperature and color changes below the knee to both lower extremities. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed current narcotic pain contract. The criteria noted above not having been met. Percocet 10/325mg, #30 is not medically necessary.