

Case Number:	CM15-0063455		
Date Assigned:	04/09/2015	Date of Injury:	09/24/2001
Decision Date:	05/15/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/03/2015

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 53 year old male, who sustained an industrial injury on September 24, 2001. He reported sustaining a crush injury when a fork lift ran over his foot. The injured worker was diagnosed as having Complex Regional Pain Syndrome (CRPS). Treatment to date has included electrical stimulation, lumbar sympathetic block, home exercise program (HEP), nerve surgery 2012 and medications. Currently, the injured worker complains of left foot pain. The Primary Treating Physician's report dated February 25, 2015, noted the injured worker reported feeling better since he had his stimulator taken out of his back. The injured worker was noted to have an antalgic gait using a cane for ambulation. Physical examination was noted to show hypersensitivity and swelling of the left foot and ankle with decreased range of motion (ROM), and his toes in a fixed dorsiflexion deformity, with allodynia and hyperalgesia. Tenderness was noted in the right and left lumbar paravertebral regions and in the left buttock. The injured worker was noted to have chronic intractable pain that continued to require medication management, with medications prescribed that were noted to be Hydrocodone/Acetaminophen, Naproxen and Cyclobenzaprine. The UDS reports was noted to be consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen 5/325mg #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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 ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and non opioid co-analgesics. The chronic use of opioids can be associated with the development of tolerance, sedation, addiction, dependency and adverse interaction with other sedatives. The guidelines recommend that anticonvulsants and antidepressants be utilized as first line medications for the treatment of neuropathic pain such as CRPS because of limited efficacy to opioid medications. The records did not show that this patient who was diagnosed with neuropathic pain have failed treatment with these first line medications. The criteria for the use of Hydrocodone/APAP 5/325mg #84 was not met. The request IS NOT medically necessary.