

Case Number:	CM15-0095839		
Date Assigned:	05/22/2015	Date of Injury:	02/23/2004
Decision Date:	06/26/2015	UR Denial Date:	04/26/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency 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 53 year old male, who sustained an industrial/work injury on 2/23/04. He reported initial complaints of bilateral feet and shoulder pain. The injured worker was diagnosed as having complex regional pain syndrome, frozen shoulder, upper extremity and bilateral foot pain, depression, and insomnia. Treatment to date has included medication, diagnostics, surgery (arthroscopic left shoulder surgery, bilateral carpal tunnel release, and right ulnar release, left foot surgery) and psychiatric evaluation. Currently, the injured worker complains of constant pain rated 10/10 to the feet that was described as burning, sharp, stabbing, and tearing with difficulty with shoe wear. Per the physician pain management report on 4/16/15, examination revealed decreased sensation, vibration, and temperature of the distal extremities., tenderness to bilateral shoulders and acromioclavicular joints, limited range of motion with crepitus, positive carpal tunnel compression, Phalen's and Tinel's tests at the bilateral wrists, moderate tenderness with swelling at the base of the left first toe. The requested treatments include Klonopin 1 mg, Norco 10/325 mg, Morphine sulfate 30 mg, and Cyclobenzaprine 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Klonopin 1mg # 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has constant shoulder and feet pain rated 10/10 to the feet that was described as burning, sharp, stabbing, and tearing with difficulty with shoe wear. Per the physician pain management report on 4/16/15, examination revealed decreased sensation, vibration, and temperature of the distal extremities., tenderness to bilateral shoulders and acromioclavicular joints, limited range of motion with crepitus, positive carpal tunnel compression, Phalen's and Tinel's tests at the bilateral wrists, moderate tenderness with swelling at the base of the left first toe. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Klonopin 1mg # 60 is not medically necessary.

Norco 10/325mg #120: 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, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Norco 10/325mg #120 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 constant shoulder and feet pain rated 10/10 to the feet that was described as burning, sharp, stabbing, and tearing with difficulty with shoe wear. Per the physician pain management report on 4/16/15, examination revealed decreased sensation, vibration, and temperature of the distal extremities., tenderness to bilateral shoulders and acromioclavicular joints, limited range of motion with crepitus, positive carpal tunnel compression, Phalen's and Tinel's tests at the bilateral wrists, moderate tenderness with swelling at the base of the left first toe. 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 narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.

Morphine Sulfate 30mg # 120: 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, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Morphine Sulfate 30mg # 120 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 constant shoulder and feet pain rated 10/10 to the feet that was described as burning, sharp, stabbing, and tearing with difficulty with shoe wear. Per the physician pain management report on 4/16/15, examination revealed decreased sensation, vibration, and temperature of the distal extremities., tenderness to bilateral shoulders and acromioclavicular joints, limited range of motion with crepitus, positive carpal tunnel compression, Phalen's and Tinel's tests at the bilateral wrists, moderate tenderness with swelling at the base of the left first toe. 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 narcotic pain contract or urine drug screening. The criteria noted above not having been met, Morphine Sulfate 30mg # 120 is not medically necessary.

Cyclobenzaprine 60mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Cyclobenzaprine 60mg #180 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has constant shoulder and feet pain rated 10/10 to the feet that was described as burning, sharp, stabbing, and tearing with difficulty with shoe wear. Per the physician pain management report on 4/16/15, examination revealed decreased sensation, vibration, and temperature of the distal extremities., tenderness to bilateral shoulders and acromioclavicular joints, limited range of motion with crepitus, positive carpal tunnel compression, Phalen's and Tinel's tests at the bilateral wrists, moderate tenderness with swelling at the base of the left first toe. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 60mg #180 is not medically necessary.