MAXIMUS Federal Services

Case Number:	CM13-0058689		
Date Assigned:	07/11/2014	Date of Injury:	11/28/1994
Decision Date:	08/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational 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 filed a claim for chronic regional pain syndrome reportedly associated with an industrial injury of January 19, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; unspecified amounts of physical therapy; adjuvant medications; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated October 30, 2013, the claims administrator partially certified a request for Methadone, apparently for weaning purposes, partially certified request for Gralise (Gabapentin), also apparently for weaning purposes, approved a request for Tylenol, partially certified request for Norco, partially certified request for Trazodone, and approved request for an orthopedic surgery referral. The applicant's attorney subsequently appealed. In a November 27, 2013 appeal letter, the applicant's attending provider stated that the applicant did in fact carry diagnosis of chronic regional pain syndrome. The attending provider stated that a lumbar sympathetic block, aggressive physical therapy, Gabapentin, Methadone, and Norco would prove beneficial. The attending provider stated that Norco and Gabapentin were allowing the applicant to resume some degree of function and maintain some quality of life. It is stated that the applicant developed anxiety and depression without his medications and could not perform household chores, activities of daily living, or recreational activities without the same. In a September 18, 2013, progress note, the applicant presented with persistent complaints of bilateral lower extremity and right upper extremity pain. The applicant stated that severe pain was crippling him and inhibiting his ability to do all activities of daily living. The applicant was not working. The applicant had difficulty performing even basic activities of daily living, such as walking. The applicant had constant pain and hypersensitivity, it was noted. The applicant remained fearful about issues of pain control and disability. The attending provider stated that medications were ameliorating the

applicant's ability to sleep, to some extent. The applicant was on Norco, Desyrel, Tylenol, and Lyrica, it was stated. The applicant remained depressed, it was further noted. The applicant denied any medical Marijuana use but was smoking. The applicant was a disabled former carpenter, it was acknowledged. The applicant had BMI of 28. The applicant was in severe discomfort, it was suggested. The applicant remained quite frustrated. Multiple medications were issued or renewed, including Desyrel, Restoril, Norco, Flector, Tylenol, Motrin, Neurontin, and Vicodin. It was stated that Gralise was being employed on the grounds that short-acting Gabapentin had not been altogether effectual. With the exception of Gralise, it appeared that all of the medications in question represented renewal request.On October 18, 2013, the applicant was again described as having persistent complaints of lower extremity pain associated with chronic regional pain syndrome. The applicant had paresthesias about the legs at night. The applicant has present 24 hours a day, seven days a week. The applicant had issues with hypersensitivity to touch. The applicant stated that pain was crippling him and inhibiting his ability to do all activities of daily living. It was then stated that ongoing medication usage was ameliorating the applicant's ability to sleep. The applicant reported an average pain score of 7/10. Methadone was introduced owing to the applicant's severe pain complaints. The applicant was asked to continue Norco for breakthrough pain. The applicant was asked to continue Gralise for neuropathic pain. It was stated that Gralise was ameliorating the applicant's ability to sleep at night and diminishing the applicant's lower extremity paresthesias. The attending provider then stated that the applicant remained disabled. An orthopedic re-evaluation was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Tab 5mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE Page(s): 61.

Decision rationale: Yes, the request for methadone is medically necessary, medically appropriate, and indicated here. It appeared, based on the timing of the request, that the request for methadone represented a first-time request for the same. As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second-line drug for moderate-to-severe pain. In this case, the applicant had seemingly tried, failed, and exhausted a variety of other opioid and non-opioid agents. The applicant remained off of work. The applicant continued to report severe pain, 8/10 range, despite ongoing usage of other medications, including Norco and Neurontin. Provision on methadone on a trial basis was therefore indicated. Accordingly, the request for Methadone 5mg #120 was medically necessary.

Gralise Tablet 600 mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 19.

Decision rationale: Similarly, the request for Gralise (Gabapentin) is likewise medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin (Gralise) should be asked at each visit as to whether there have been improvements in pain and/or function with the same. In this case, the attending provider has posited that ongoing usage of gabapentin has diminished the applicant's neuropathic pain and lower extremity paresthesias. Gralise, the attending provider has specifically posited, has ameliorated the applicant's ability to sleep at night and diminished symptoms of neuropathic pain of the feet and toes associated with complex regional pain syndrome of the same. Continuing the same on balance is indicated. Therefore, the request for Gralise 600mg #30 is medically necessary.

Norco 10/325 mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: Conversely, the request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. In contrast to the request for methadone, the request for Norco did represent a renewal request. The request for Methadone, conversely, represented a first-time request for Methadone. The applicant had been using Norco for several months as of the date of the request, October 18, 2013 and as of the date of the Utilization Review Report, October 29, 2013. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, none of the aforementioned criteria were met despite ongoing Norco usage. The applicant remained off of work. The applicant was described as crippled and disabled, despite ongoing Norco usage. The applicant continued to report 8/10 pain, despite ongoing usage of Norco. No concrete or tangible improvements in function were outlined as a result of ongoing Norco usage. Methadone was introduced on the grounds that earlier usage of Norco had been unsuccessful. Therefore, the request to continue the use of Norco was not medically necessary.

Trazodone HCL tablet 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Trazodone, an atypical antidepressant, is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, Stress Related Conditions page 402 does acknowledge that it often takes weeks for antidepressants to exert their maximal effect. In this case, however, the applicant had seemingly been using Trazodone for months on and around the date of the utilization review

report, October 29, 2013. The applicant continued to report ongoing complaints of frustration and altered mood from visit to visit. The applicant was consistently described as having issues with frustration on office visits of October 18, 2013 and September 18, 2013, referenced above. The attending provider did not clearly state whether Trazodone was being used for depression, pain, sleep, or some other purpose. The admittedly limited information on file, however, suggested that Trazodone was being used as an antidepressant. Despite weeks to months of ongoing usage of the same, it did not appear that the applicant had demonstrated any improvements in mood through ongoing usage of Trazodone. Therefore, the request for continued use of Trazodone HCL 50mg #60 is not medically necessary.