

<b>Case Number:</b>	CM13-0063079		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/01/1998
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 physician 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 applicant is a represented City of ██████████ employee who has filed a claim for chronic regional pain syndrome, chronic knee pain, chronic leg pain, chronic ankle pain, and chronic low back pain reportedly associated with an industrial injury of December 1, 1998. Thus far, the applicant has been treated with analgesic medications and opioid therapy. On August 28, 2013, the applicant presented with persistent complaints of knee and foot pain with hypersensitivity about the right foot following a crush injury to the same. The applicant stated that he attributed his obesity to inactivity associated with the injury. The applicant stated that he had transitioned to work as a senior security officer, performing largely sedentary work. The applicant was encouraged to lose weight. On another progress note also dated August 28, 2013, the applicant consulted a pain management physician who noted that the applicant was having severe pains associated with complex regional pain syndrome (CRPS) and that earlier injection therapy was only temporarily helpful. The applicant has had six lumbar sympathetic blocks over the life of the claim, which has ameliorated his pain. The applicant did have comorbidities including depression, dyslipidemia, and hypertension. The applicant's complete medication list includes Lipitor, Diltiazem, Zetia, TriCor, hydralazine, Norco, Ativan, Cozaar, metformin, Lopressor, Kadian, and Lyrica. The applicant apparently had some hypersensitivity to touch about the implicated knee and ankle. The applicant was able to wear his police uniform and did exhibit a well-preserved range of motion about the implicated body parts. Topical Pennsaid, additional lumbar sympathetic blocks, Norco, Kadian, and Lyrica were renewed. In a September 3, 2013, progress note, it was suggested that the applicant pursue hyaluronic or Synvisc injections for knee arthritis. The applicant's BMI was 31. The applicant was using Cardizem, Coumadin, Hyzaar, and metoprolol. The applicant's treating provider contended that the applicant's pain levels had been reduced by 35% with medications on an October 2, 2013 note. In a December 2,

2013, utilization review report, the claims administrator denied a request for 6 lumbar sympathetic blocks, denied a request for Lyrica, partially certified Norco reportedly for weaning purposes, partially certified Kadian reportedly for weaning purposes, and conditionally certified a request for Mobic as Mobic 7.5 mg #60. The claims administrator based his decision, to some degree, on an earlier utilization review report in which it was suggested that Lyrica be weaned. The claims administrator contended that the applicant had failed to return to work. The applicant's attorney subsequently appealed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SYMPATHETIC LUMBAR BLOCKS (6): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block Page(s): 57.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, lumbar sympathetic blocks are useful for diagnosis and treatment of pain associated with chronic regional pain syndrome, type 1 and 2. In this case, the applicant has had three prior blocks and has responded favorably, as evinced by the applicant's successful return to work as a security officer. The attending provider posited that the earlier lumbar sympathetic blocks did facilitate the applicant's moving about, remaining active, and attempting to lose weight. The applicant's returning to and/or maintaining a successful return to work status, with the three prior earlier lumbar sympathetic blocks, does constitute evidence of functional. Therefore, the request is medically necessary.

#### **LYRICA (75MG): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin) Antiepilepsy drugs (AEDs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, Lyrica or pregabalin is considered a first-line treatment for neuropathic pain. In this case, the applicant has neuropathic pain about the lower extremity associated with chronic regional pain syndrome. The attending provider has posited that ongoing usage of medications has been effective in ameliorating the applicant's pain, allowing the applicant to maintain and/or sustain a successful return to work status and function on a day-to-day basis. Therefore, the request is medically necessary.

**NORCO:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted in the 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, the applicant has returned to work as a security guard/police officer and is able to function on a day-to-day basis with the aid of Norco and other analgesic medications, both opioid and non-opioid. The attending provider has posited that the applicant's pain levels have diminished by 35% with ongoing medication usage. Therefore, the request is medically necessary.

**KADIAN:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted in the 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. In this case, the applicant has returned to work as a security guard/police officer and is apparently able to function on a day-to-day basis with the aid of Norco and other analgesic medications, both opioid and non-opioid. The attending provider has posited that the applicant's pain levels have diminished by 35% with ongoing medication usage. Therefore, the request is medically necessary.

**MOBIC (7.5MG):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (meloxicam).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as meloxicam or Mobic do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome present here. In this case, the applicant's selfreports of 35% pain reduction with ongoing medication usage, including ongoing Mobic usage, and successful return to work, taken together, do constitute evidence of functional improvement. Therefore, the request is medically necessary.

