

Case Number:	CM14-0103343		
Date Assigned:	07/30/2014	Date of Injury:	09/23/2013
Decision Date:	11/05/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58-year-old male with a date of injury of 09/23/2013. The listed diagnoses are reflex sympathetic dystrophy of lower limb and pain in joint of ankle and foot. According to progress report 04/30/2014, the patient represents with left ankle and left foot pain. The patient is status post ORIF on 09/24/2013 and has had a second surgery for persistent infections on October 13. The patient's pain is primarily over the left heel and dorsum of the foot with numbness and radiation to the left lateral aspect of the foot dorsum and ankle. There was persistent swelling and sensitivity to light touch. The patient reports sleep issues due to pain. The patient's medication regimen includes BuTrans 10 mcg/hr, Lyrica 50 mg, ibuprofen 800 mg, Norco 10/325 mg, and Percocet 10/325 mg. The patient provided urine sample for screening to assess for compliance. On 05/28/2014, the treater noted improvement of pain control by about 10% with current medication regimen. Gabapentin was noted as causing nausea and the patient's mood was noted as "little better." The treater requested refill of medications and lumbar sympathetic blocks to address patient's complex regional pain syndrome. The patient is currently not working. Utilization review denied the request on 06/11/2014. Treatment reports from 1/8/2014 to 8/15/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr Patch #4 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88, 89.

Decision rationale: This patient presents with reflex sympathetic dystrophy of the lower limb and continued pain in his ankle and foot. The treater is requesting refill of BuTrans 10 mcg/hr patch #4 with 3 refills. Utilization review modified the certification without the 3 refills. For opiate management, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living's, adverse side effects, and adverse behavior). Review of the medical file indicates the patient has been prescribed BuTrans since 04/30/2014. Report 05/28/2014 noted that the patient has "some improvement with pain control, 10% with current regimen." A urine drug screening is randomly taken to monitor medications. In this case, there are no discussions of functional changes or improvement of activities of daily living to warrant long-term use of opioids. Given the lack of sufficient documentation for opiate management, this request is not medically necessary.

Lyrica 50mg #30 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: This patient presents with reflex sympathetic dystrophy of the lower limb and continues with ankle and foot pain. The treater is requesting Lyrica 50 mg #30 with 3 refills. Utilization review modified the certification without the 3 refills. Review of the medical file indicates that the patient has been prescribed this medication since 04/30/2014. The MTUS Guidelines has the following regarding pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has been FDA approved for both indications, and it is considered first-line treatment for both." Review of the medical file indicates the patient has been prescribed this medication since 04/30/2014. On 05/20/2014, the treater noted that the patient has improvement with current medications. Given the patient's radicular symptoms and efficacy of this medication, this request is medically necessary.

Percocet 10/325mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88, 89.

Decision rationale: This patient presents with reflex sympathetic dystrophy of the lower limb and continued ankle and foot pain. The treater is requesting a refill of Percocet 10/325 mg #90 with 3 refills. For opiate management, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living's, adverse side effects, and adverse behavior). Review of the medical file indicates the patient has been prescribed Percocet since 04/30/2014. Report 05/28/2014 noted that the patient has "some improvement with pain control, 10% with current regimen." A urine drug screening is randomly taken to monitor medications. In this case, there are no discussions of functional changes or improvement of activities of daily living to warrant long-term use of opioids. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

6 office follow up visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: This patient presents with reflex sympathetic dystrophy of the lower limb and continued ankle and foot pain. The treater is requesting 6 monthly medication assessments to be done in the office to go over medications and treatment plan. Utilization review modified the certification from the requested 6 office follow-up visits to 1 visit. ACOEM chapter 12 low back pain page 303 has the following regarding follow-up visits, "Patients with potentially work-related low back complaint should have follow-up every three to five days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medications use, activity modification, and other concerns." In this case, the patient presents with continued ankle and foot pain with recurring infections and follow-up visits for the next 6 months is reasonable. Therefore, this request is medically necessary.

1 lumbar sympathetic block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, under general pain injections

Decision rationale: This patient presents with reflex sympathetic dystrophy of the lower limb and continued ankle and foot pain. On 04/30/2014, treater requested a series of 3 lumbar sympathetic blocks. Review of the medical file indicates patient received 2 of the blocks on 06/13/2014 and 06/27/2014. This is a request for 1 lumbar sympathetic block. Utilization review denied the request stating that "current examination noted unchanged objective findings and essentially unchanged subjective complaints." For Regional sympathetic blocks the MTUS guidelines pages 103,104 states "Recommendations are generally limited to diagnosis and therapy for CRPS." For lumbar sympathetic blocks: "There is limited evidence to support this procedure, with most studies reported being case studies. Proposed Indications: circulatory insufficiency of the leg: (Arteriosclerotic disease; Claudication: Rest pain; Ischemic ulcers; Diabetic gangrene; Pain following arterial embolus). Pain: Herpes Zoster; Post-herpetic neuralgia; Frostbite; complex regional pain syndrome (CRPS); Phantom pain. These blocks can be used diagnostically and therapeutically." Official Disability Guidelines (ODG) states in its pain chapter, under general pain injections, injections, at a minimum, should produce 50% pain relief for "a sustained period, and clearly result in documented reduction in medication and improved function." In this case, the treater does not provide any documentation of reduced medication intake or improved function from prior injections to warrant a repeat injection. Therefore, this request is not medically necessary.