

<b>Case Number:</b>	CM14-0012853		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 is a 50-year-old male with a reported date of injury on 01/10/2012. The mechanism of injury reportedly occurred when the injured worker's left foot was run over by a cement truck, resulting in a crush injury. The injured worker complained of left foot pain. In addition, he continued to be wheelchair bound. On physical exam, the left ankle revealed tenderness to palpation of the medial/lateral aspect, discoloration, decreased sensation over the foot, muscle atrophy, and decreased range of motion. CT scan dated 08/07/2013 revealed reduced bone density. Metallic density screws were seen at distal tibia due to prior surgery, no evidence of displacement, collection, or hemorrhage noted. In addition, there was noted a small bone fragment at the anterior aspect of the talofibular joint, and small retrocalcaneal spur. Injured worker has attended physical therapy status post open reduction and internal fixation of medial malleolar fracture, the results of which were not provided within the documentation available for review. The injured worker was given psychiatric referral in 08/2012, the results of which were not available. The physical exam dated 10/11/2012, revealed the injured worker's blood pressure was 179/151. According to the progress report dated 12/12/2012, the injured worker previously had been admitted for psych due to suicidal ideation. At the time of exam, the injured worker reported his pain at an intensity of 9/10 without medication and 7.5/10 with medication. The injured worker reported that he drank alcohol to control his pain. The diagnosis on Axis I was major depression. On Axis II the diagnosis was obsessive compulsive histrionic borderline personality features. The physician noted that the injured worker had developed a severely disabled mentality and would need extensive work. Within the clinical note dated 04/16/2013 the physician indication there was reduction in the injured worker's severe anger, depression, anxiety, and fear. Within the clinical note dated 10/16/2013 the injured worker's blood pressure was noted to be 183/105. The injured worker's diagnoses included status post trauma, left sided

foot drop, and CRPS. The injured worker's medication regimen included Norco, Anaprox DS, Prilosec, Ativan, Neurontin, Restoril, Laxacin, and Genocin. The request for authorization of outpatient psych treatments (12) twelve visits (2) two times per week for (6) six weeks, spinal cord stimulator trial, wheelchair ramp home evaluation, Norco 10/325 mg #240, Anaprox DS #60, Prilosec 20 mg #60, and Restoril 30 mg #30 was submitted on 01/30/2014. The rationale for the request included to proceed with the spinal cord stimulator trial for left foot RSD, wheelchair ramp to improve community mobility, and continued behavioral treatment with psych.

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

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

#### **OUTPATIENT PSYCHE TREATMENT (12) TWELVE VISITS (2) TWO TIMES PER WEEK FOR (6)SIX WEEKS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**Decision rationale:** The California MTUS Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping skills, assessing psychological and cognitive function, and addressing comorbid mood disorders. Behavioral therapy and self-regulatory treatments have been found to be particularly effective. The psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. California MTUS Guidelines also state that if pain is sustained in spite of continued therapy, intensive care may be required for mental health professions allowing for multidisciplinary approach. According to the documentation provided for review the injured worker has attended approximately 24 sessions of psychotherapy. The injured worker began psychotherapy treatment in 05/2012 and in 04/2013 it was noted that the injured worker continued to have diagnosis of major depression. The documentation provided for review the injured worker indicated that he was using alcohol to treat his pain. The documentation provided for review lacks clinical objective findings of benefit related to the psychological treatments. The documentation does make clear that the injured worker suffers from psychological complications, the Guidelines recommend that if pain is sustained in spite of continued therapy intensive care may be required for mental health professions allowing for multidisciplinary treatment approach. Further request for outpatient psych treatments (12) twelve visits (2) two times per week for (6) six weeks is not medically necessary.

#### **SPINAL CORD STIMULATOR TRIAL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDS), page (s) 52. Spinal Cord Stimulators (SCS) Page(s): 105 and 107.

**Decision rationale:** The California MTUS Guidelines state that spinal cord stimulators are recommended only for select patients in cases when less invasive procedures have failed or are not contraindicated, for specific conditions, and following a successful temporary trial. There is limited evidence in favor of spinal cord stimulators for complex regional pain syndrome. Indications for stimulator implantation would include failed back syndrome, complex regional pain syndrome (this is a controversial diagnosis), peripheral vascular disease, postamputation pain, postherpetic neuralgia, spinal cord injury dysesthesias. In addition, the California MTUS Guidelines state that implantable drug delivery systems specific criteria in the cases include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease, stated objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin and a temporary trial has been successful prior to permanent implantation as defined by 50% reduction in pain. The documentation provided for review indicates that the injured worker is diagnosed with severe depression. In addition, the injured worker knows that he is using alcohol to treat his pain. There is a lack of documentation as to objective clinical findings of functional deficits to include range of motion values. In addition, the Guidelines state that there is limited evidence to the use of spinal cord stimulators for the diagnosis of complex region pain syndrome (CRPS). The injured worker has diagnosis of CRPS. Therefore, the request for spinal cord stimulator trial is not medically necessary.

**WHEELCHAIR RAMP HOME EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Clinical.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines state that durable medical equipment is recommended generally if there is a medical need and if the device or system meets the definition of durable medical equipment. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The term durable medical equipment is defined as equipment which can withstand repeated use, can normally be rented and used by successive patients, primarily and customarily used to serve a medical purpose, generally not useful to a person in the absence of illness or injury and is appropriate for the use in a patient's home. Although the clinical documentation provided does state that injured worker is wheelchair bound, there is a lack of documentation related to the inability to function at home. In addition, the Guidelines state medical conditions that result in physical limitations for patients may require patient education and modifications to

the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Therefore, the request for wheelchair ramp home evaluation is not medically necessary.

**NORCO 10/325MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS guidelines recommend that the ongoing management of opioids should include the lowest dose possible to be prescribed to improve pain and function. In addition, ongoing review of documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response of treatment may be indicated with the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation provided for review relating to functional deficits. There is a lack of documentation related to range of motion values. According to the documentation provided for review the injured worker has been utilizing Norco prior to the date of injury. There is a lack of documentation related pain relief, functional status, appropriate medication use and side effects, related to the long term use of Norco. In addition, the request as submitted failed to provide frequency and directions for the use of Norco. Therefore, the request for Norco 10/325 mg #240 is not medically necessary.

**ANAPROX DS #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** According to the California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The Guidelines state that NSAIDs in injured workers with the risk of cardiovascular disease are recommended with precaution. If cardiovascular risk is greater than GI risk the suggestion is naproxen plus low dose aspirin plus a PPI. Nonpharmacological choice should be the first option in patients with cardiac risk factors. It is suggested that acetaminophen or aspirin be used for short term use. NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. NSAIDs may cause fluid retention, edema, and rarely congestive heart failure. According to the clinical documentation provided for review the injured worker has a history of high blood pressure. In addition, according to the documentation, the injured worker has utilized NSAIDs prior to the injury date. The rationale for the request to continue Anaprox DS #60 was not submitted within the clinical documentation provided for review. In addition, the request as

submitted failed to provide frequency and directions as to how to utilize the Anaprox. Therefore, the request for Anaprox DS #60 is not medically necessary.

**PRILOSEC 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines recommend PPIs with the use of NSAIDs in injured workers who are at risk for gastrointestinal events. The criteria would include the injured worker be greater than 65 years of age; history of peptic ulcer; GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants; or high-dose multiple NSAIDs. Injured workers who are at a high risk of gastrointestinal events with cardiovascular disease are recommended for low-dose COX-2 plus low-dose aspirin with a proton-pump inhibitor. The clinical documentation provided for review lacks documentation of GI upset. There is documentation of hypertension. There is a lack of documentation as to the treatment for the injured worker's diagnosis of hypertension. There is a lack of documentation related to the therapeutic benefit of Prilosec. In addition, the request as submitted failed to provide frequency and directions for use of the Prilosec. Therefore, the request for Prilosec 20 mg #60 is not medically necessary.

**RESTORIL 30 MG #30:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that benzodiazepines are not recommended for long term use because long term effectiveness is unproven and there is a risk of dependence. Most Guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. According to the clinical documentation provided for review the injured worker began utilizing Lunesta on 10/11/2012. The documentation dated 10/16/2013 indicated that the injured worker was using Restoril. The clinical information provided, lacks documentation related to the addition of Restoril to the injured worker's medication regimen. There is a lack of documentation related to the therapeutic effect in the use of benzodiazepines. In addition, the request as submitted failed to provide frequency and directions for use for the Restoril. The Guidelines do not recommend for long term use. The request for continued use of Restoril, exceeds the recommended guidelines. Therefore, the request for Restoril 30 mg #30 is not medically necessary.