

Case Number:	CM14-0129190		
Date Assigned:	09/22/2014	Date of Injury:	01/30/2013
Decision Date:	12/31/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/13/2014

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 Emergency Medicine, and is licensed to practice in New York. 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:

On 1/30/2013, this 44 year old male reported pain from a left foot injury that occurred over the course of 7 years, and resulting from using the gearshift on his work motorcycle. The injured worker (IW) continues to complain of moderate, sharp, dull, throbbing, aching and burning left ankle and foot pain that shoots up into his calf. Associated symptoms include ankle instability, numbness over the top of the foot, heel and toes, stiffness, weakness and swelling to the lateral ankle, and difficulty sleeping. These symptoms are reported to worsen at night and increase with movement, prolonged standing and with walking. Treatment has included consultation, diagnostic testing and medical management with Neurontin, Non-Steroidal Anti-Inflammatories (NSAIDS), Tramadol and Vicodin. Diagnoses include possible sympathetic dystrophy of his left ankle, possible RSD or irritation to the left superficial peroneal nerve. A 2/15/2014 Emergency Room visit for complaints of sharp, stabbing pain in the right thigh that extends down below the right knee, with blood clot ruled out, was thought to be as a result of overcompensation with the right lower extremity. Assessment findings of 3/31/2014 note a lump on, and that symptoms are most pronounced along, the anterior aspect of the ankle with hypersensitivity to touch with any amount of direct pressure resulting in pain. This pain is reported to intermittently radiate proximally throughout the left lower extremity and up into the low back, causing stiffness, tightness, numbness and tingling; and dragging of that leg, weakness and causing frequent episodes of tripping. Medication management is noted to include Tramadol, Advil PM and Motrin. Progress Notes dated 7/16/2014 show that the left ankle and foot pain continues and is rated 8/10; "consistent with neuropathic pain". Assessment findings show the IW to be fatigued, with diminished hearing, pedal edema, leg pain, anxiety, depression and insomnia, decreased range of motion of the foot and an antalgic gait. The blood pressure is noted elevated but his body mass index (BMI) is 35.3. Palliative factors include rest. The IW was transferred from

motorcycle duty to jail duty to find that the prolonged standing and walking aggravate his pain. His history includes an industrial low back injury in his past, that causes pain, back strain, hypertension and sleep apnea. Current medications are noted to include Advil and Motrin as needed and Ultram twice a day. The treatment plan includes two MRI's, referral to a pain psychologist, as well as trial medications of Lidoderm and Pamelor. The Utilization Review dated 7/24/2014, non-certified the request for Lidoderm patches, #30, with 1 refill; and partial certified the request for Pamelor 25mg, #60, with 1 refill as not medically necessary. Chronic Pain Medical Treatment Guidelines for Lidocaine recommend topical analgesics in certain circumstances, are largely experimental and are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Stated is that the IW has complaints of pain along with clinical deficits; but there is no documentation of failed trials of antidepressants and anticonvulsants to support medical necessity and meet the guidelines. For the Pamelor, these same guidelines recommend antidepressants for chronic pain as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Stated is that the IW complains of ankle and foot pain with swelling and limited ROM, he is anxious and depressed. Partial certification was given to allow for submission of medication compliance and for objective functional improvement; otherwise to initiate downward titration and complete discontinuation of the medication due to non-compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the

use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.In this case the patient had tried and failed treatment with Lyrica, Elavil, and Gabapentin. The duration of treatment requested surpasses the recommended trial period of 4 weeks. The request is not medically necessary.

Pamelor 25mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines.

Decision rationale: Pamelor is Nortriptyline, a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Caution is required because tricyclic's have a low threshold for toxicity.Side effects include excessive sedation, anticholinergic side effects of dry mouth, sweating, dizziness, orthostatic hypotension, fatigue, constipation, and urinary retention. They are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. In this case the patient had tried and failed therapy with the tricyclic Elavil (Amitriptyline). Lack of past success is an indicator that future treatment with tricyclic medication is unlikely to succeed. Trial of medication for one month would be appropriate to determine the effectiveness of the medication. The requested quantity of medication is for two months. The request is not medically necessary.