

<b>Case Number:</b>	CM14-0154591		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/14/1991
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 56-year-old male with a date of injury of 10/14/1991. The listed diagnoses per [REDACTED] are: 1. Fracture of hand, left remote close fracture with residual weakness. 2. Ankle fracture, left remote close fracture with residual weakness. 3. Seizure disorder, under neurology care. 4. Shoulder joint pain. 5. Anxiety.

According to progress report 08/20/2014, the patient presents with chronic left wrist and ankle pain. The patient is utilizing a custom ankle brace for ambulation. He is also suffering from anxiety and depression. The patient's treatment history includes left shoulder arthroscopy 1995, carpal tunnel release 1996, left hand fracture repair 1996, shoulder surgery 1997, left ankle surgery 1998, and multiple jaw surgeries and dental implants between 1991 and 1997. The patient's current medication regimen includes Arthrotec 75 mg, Imitrex 100 mg, Lidoderm patches, Lidoderm topical, Neurontin 800 mg, Percocet 10/325 mg, Soma 350 mg, Valium 5 mg, and Vicodin 10 mg. The patient is taking medications without any reported side effects. Examination of the left wrist revealed diffuse tenderness without any gross deformity and limited range of motion at extreme only. There was noted weak grasping power. Examination of the left ankle/foot revealed tenderness over the lateral with minimum edema and valgus deformity. The patient is not able to perform heel or toe walking. The physician requests refill of medications and x-ray of left wrist and left ankle. Utilization review denied the request on 09/16/2014. Treatment reports from 04/10/2014 through 08/20/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium (unknown prescription): Upheld**

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

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

**Decision rationale:** This patient presents with chronic left wrist and left ankle/foot complaints. The physician is requesting a refill of Valium. Request for authorization from 09/03/2014 requests Valium "x6 mos." MTUS Guidelines page 24 has the following regarding benzodiazepines, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit 4 weeks." In this case, the patient has been prescribed this medication since at least 06/20/2014. The MTUS Guidelines recommends maximum of 4 weeks due to "unproven efficacy and risk of dependence." Recommendation is for denial.

**Arthrotec (unknown prescription): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory;NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 68-69.

**Decision rationale:** This patient presents with chronic left wrist and left ankle/foot pain. The physician is requesting a refill of Arthrotec x6 months. This medication is a combination of antiinflammatory (NSAID) and misoprostol. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Prostaglandin, the MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Although NSAIDs are indicated for chronic pain, the physician does not provide a discussion regarding functional improvement with taking this medication. There is no discussion as to why a combination medication is required. Furthermore, there is no GI risk assessment to determine the patient's need for prophylactic antacid or PPI's to be used in conjunction with an NSAID. Recommendation is for denial.

**Percocet (unknown prescription): 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 chronic left wrist and left ankle/foot complaints. The physician is requesting a refill of Percocet x6 months. The 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 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 06/20/2014, without noted side effects. There is no pain assessment or outcome measures as required by MTUS. The physician also does not provide specific functional improvements, changes in ADLs or quality of life issues with taking long-term opioid. Furthermore, the physician states the patient's urine drug screens were not consistent with the medications prescribed. The physician does not discuss what is to be done with these inconsistent screenings. Given the lack of sufficient documentation for opioid management, recommendation is for denial.

**Neurontin (unknown prescription):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Anti-epilepsy drug (AEDs) Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Neurontin; Medication for chronic pain Page(s): 18-19; 60.

**Decision rationale:** This patient presents with chronic wrist and left ankle/foot pain. The physician is requesting a refill of Neurontin x6 months. The MTUS guidelines pages 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered a first-line treatment for neuropathic pain." Review of the medical file indicates the patient has been prescribed this medication since at least 06/20/2014. In this case, the patient has ongoing wrist and ankle/foot complaints. There are no radicular symptoms noted. In addition, the physician does not provide documentation of efficacy of this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

**Soma (unknown prescription):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** This patient presents with chronic left wrist and left ankle/foot pain. The physician is requesting Soma "x 6 mos." The MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation of patients with chronic LBP." The physician is prescribing this medication for long-term use which is not supported by MTUS. Recommendation is for denial.

**Lidoderm Patch (unknown prescription):** 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 lidocaine; Lidocaine Indication Page(s): 57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm® (lidocaine patch) under Pain (Chronic) Chapter

**Decision rationale:** This patient presents with chronic left wrist and left ankle and foot pain. The physician is requesting Lidoderm patches 5% x6 months. MTUS guidelines page 57 states, "topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient has wrist pain but it is not neuropathic pain. The patient does not meet the indication for these patches and recommendation is for denial.

**X-ray of the left wrist (1):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist/Hand Chapter regarding x-rays

**Decision rationale:** This patient presents with chronic left wrist pain. The physician is requesting x-ray for further investigation. ACOEM guidelines page 268 has the following on x-rays for the wrist: "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Exceptions include the following of injury with radial-dorsal tenderness, acute injury to the metacarpophalangeal joint of the thumb, peripheral nerve impingement and recurrence of ganglion. Given this

patient's chronic wrist pain, ACOEM may not apply. ODG guidelines under it Wrist/Hand Chapter states that x-rays are indicated for suspicion fracture, subluxation, dislocation, ligament injury. The file provided for review does not have any records of an x-ray obtained on this patient. An x-ray of the left wrist may be indicated given patient's continued pain, weakness and decreased ROM. Recommendation is for authorization.

**X-ray of the left ankle (1):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-4.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/Foot chapter regarding Radiographs

**Decision rationale:** This patient presents with chronic left ankle/foot pain. The physician is requesting an x-ray for further investigation. ODG guidelines under the Ankle/Foot chapter states regarding Radiographs, "If a fracture is considered, patients should have radiographs if the Ottawa ankle criteria are met. Radiographic evaluation may also be appropriate if there is rapid onset of swelling and bruising, if the patient is older than 55 years, or in the case of obvious dislocation. Plain films are routinely obtained to exclude arthritis, infection, fracture, or neoplasm. X-rays are not helpful in diagnosing plantar fasciitis, because they do not show ligaments clearly, and they are not routinely recommended except when fractures are suspected and then a lateral non-weight bearing X-ray should be the first choice investigation." Review of the medical records does not indicate that the patient has had prior imaging of the left ankle. Given the patient's persistent pain and mild edema, a set of X-rays would appear reasonable. Recommendation is for authorization.