

<b>Case Number:</b>	CM14-0047734		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/07/2005
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 55-year-old male with a date of injury of 09/07/2005. The listed diagnoses per [REDACTED] are: 1. Reflex sympathetic dystrophy. 2. Discogenic syndrome, lumbar. 3. Ulcers, leg. 4. Lumbar nerve root injury. 5. Antiphospholipid syndrome. 6. Insomnia. 7. Anxiety. 8. Depression. According to progress report 03/12/2014, this patient presents with long and complicated history of skin ulcers and infected ulcers on the legs. He continues to have difficulty getting medications in Arizona where he is from and is unable to get wound care here in California. Provider is recommending transfer of care to a pain management clinic in Arizona. The provider notes "he remains unable to wean the narcotic medication. He continues to request more and stronger medication." Examination revealed "right leg ulcer, dressed, not examined, right foot and leg pain 9/10, left leg ulcer, dressed, not examined." The provider is requesting refill of medications: 1. Oxycodone 30 mg #120 2. Oxycodone 15 mg #120 3. Lidocaine 2% 30 mL 4. Klonopin 0.5 mg #50 with 3 refills 5. Valium 10 mg #30. 6. Soma 350 mg #90. 7. Topical gel. Utilization review denied the request on 03/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89.

**Decision rationale:** This patient presents with long and complicated history of skin ulcers and infected ulcers on the legs. The provider is requesting a refill of oxycodone 30 mg #120. Review of the medical file indicates the patient has been taking this medication since at least 10/16/2013. The MTUS Guidelines pages 88 and 89 states, "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 (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. In this case, there is no pain assessment including a pain scale or any discussion of functional improvement with taking this medication. The provider states "his wound breakdown leaves a very painful skin wound. Denial of this medication is extraordinarily cruel." But it appears the patient continues with pain despite taking a number of opioids. Furthermore, there is no discussion of this medication's efficacy or Urine drug screen as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, recommendation is for denial.

**Oxycodone 15mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid Use Page(s): 88-89.

**Decision rationale:** This patient presents with long and complicated history of skin ulcers and infected ulcers on the legs. The provider is requesting a refill of oxycodone 15 mg #120. Review of the medical file indicates the patient has been taking this medication since at least 10/16/2013. The MTUS Guidelines pages 88 and 89 states, "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, 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. In this case, there is no pain assessment including a pain scale or any discussion of functional improvement with taking this medication. The provider states "his wound breakdown leaves a very painful skin wound. Denial of this medication is extraordinarily cruel." But it appears the patient continues with pain despite taking a number of opioids. Furthermore, there is no discussion of this medication's efficacy or Urine drug screen as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, recommendation is for denial.

**Lidocaine 2% 30ml, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** This patient presents with long and complicated history of skin ulcers and infected ulcers on the legs. The provider is requesting Lidocaine 2% 30 mL stating topical medication is needed for patient's GI issues and failure of other medications. The provider states the patient needs topical medication to give him "enough pain relief, especially on occasions when he cannot take other oral pain medications due to side effects such as sedation or nausea." 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. Recommendation is for denial.

**Klonopin 0.5mg, #50 (3 Refills): Upheld**

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

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

**Decision rationale:** This patient presents with long and complicated history of skin ulcers and infected ulcers on the legs. The Provider is requesting Klonopin 0.5mg #50 with 3 refills. Klonopin is under the drug class benzodiazepines. MTUS page 24 states it is not recommend for long-term use due to unproven efficacy and risk of dependence. Maximum use of 4 weeks is recommended. The provider is prescribing this medication for long term use. Recommendation is for denial.

**Valium 10mg, #30: Upheld**

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

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

**Decision rationale:** This patient presents with long and complicated history of skin ulcers and infected ulcers on the legs. The provider is requesting a refill of Valium 10 mg #30. Review of the medical file indicates the patient has been taking this medication since at least 10/16/2013. The MTUS Guidelines page 24 state, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The requested Valium is not medically necessary, and recommendation is for denial.

**Soma 350mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** This patient presents with long and complicated history of skin ulcers and infected ulcers on the legs. The provider is requesting a refill of Soma 350 mg #90. Review of the medical file indicates the patient has been prescribed this medication since at least 10/16/2013. MTUS page 64 states Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Recommendation is for denial.

**Misoprostol 0.0024%/Phenytoin 5%/Metronidazole 2% Topical Gel:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** This patient presents with long and complicated history of skin ulcers and infected ulcers on the legs. The provider is requesting a topical gel that includes Misoprostol 0.0024%, Phenytoin 5%, and Metronidazole 2%. Utilization review denied the request stating, there is lack of guidelines support for safety or efficacy of the compound topical cream. The ACOEM, MTUS and ODG guidelines do not discuss this specific topical cream. [www.uspharmacist.com](http://www.uspharmacist.com) states, "Metronidazole, Misoprostol, and Phenytoin topical gel has been used in the topical treatment of open ulcers and wounds." [www.npidaho.org](http://www.npidaho.org) states Metronidazole, Misoprostol, and Phenytoin topical gel is used for wound care for "odor/no pain" wound types. In this case, the patient has an open wound/sore and the use of this topical product appears reasonable. Recommendation is for authorization.