

Case Number:	CM14-0060766		
Date Assigned:	07/09/2014	Date of Injury:	08/06/1993
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine 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 applicant is an employee of [REDACTED] who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of August 6, 1993. Thus far, the applicant has been treated with the following: Analgesic medications, opioid therapy. He has transferred his care to and from various providers in various specialties and topical agents. In a Utilization Review Report dated April 1, 2014, the claims administrator approved a request for Zoloft, approved a request for Restoril, denied a request for lidocaine patches, partially certified baclofen, denied Butrans patches, partially certified methadone, approved Fentora, partially certified Norco, approved Lunesta, approved Desyrel, approved Neurontin, and approved Wellbutrin. The applicant's attorney subsequently appealed. In June of 2014 progress noted that the applicant presented with ongoing complaints of knee pain status post two earlier arthroscopies. The applicant was status post an intrathecal pain pump placement, which apparently was in place. Genetic testing was sought. The applicant was described as using baclofen, Butrans, Fentora, Neurontin, Norco, lidocaine, Lunesta, methadone, Percocet, Restoril, trazodone, Wellbutrin, and Zoloft. The applicant was dependent on crutches as he was experiencing difficulty bearing weight. The intrathecal pain pump was apparently analyzed. The applicant was given a primary diagnosis of knee arthritis. The attending provider stated that he was not pleased with the current pharmacological management and stated that he, too, was worried about the high dosage of opioids, both oral and intrathecal. The attending provider stated that he would like to wean the applicant off of the opioids in question. The applicant was asked to continue Wellbutrin, Zoloft, and Neurontin. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In a handwritten progress note of February 24, 2014, the applicant was described as having persistent complaints of pain, 8/10 with medications and 10/10 without medications. The applicant had been having

lots of issues with stress and was apparently the primary caregiver for several of her grandchildren. Lidocaine, Norco, baclofen, Lunesta, Zoloft, Restoril, Desyrel, Neurontin, and Wellbutrin were refilled. On February 25, 2014, the applicant was placed off of work, on total disability. The applicant was described as having end-stage arthritis of the knee. The applicant was asked to consider a total knee arthroplasty. On March 4, 2014, the applicant's pain management physician acknowledged that performance of activities of daily living was difficult for the applicant owing to heightened pain complaints. The applicant obtained intrathecal pain pump reprogramming and it was noted that the he was receiving intrathecal fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 112, Topical Lidocaine section. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of a first-line anticonvulsant adjuvant medication, gabapentin, effectively obviates the need for the lidocaine patches in question. Therefore, the request is not medically necessary.

Baclofen 10mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 64, Baclofen section.2. MTUS 9792.20f.3. MTUS Chronic Medical Treatment Guidelines, page 7. Page(s): 7, 64.

Decision rationale: While page 64 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that baclofen is FDA approved in the management spasticity and muscle spasm associated with multiple sclerosis and/or spinal cord injuries and can be employed off label for neuropathic pain. These recommendations are qualified by commentary made on page 7 of the MTUS Chronic Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total disability. The applicant remains highly reliant and highly dependent on numerous oral and intrathecal opioids. The applicant was having difficulty performing even basic activities of daily living, such as ambulating. All of the

above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request is not medically necessary.

Butrans patches 20mg, QTY: 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS Chronic Medical Treatment Guidelines, page 64, Baclofen section.2. MTUS 9792.20f.3. MTUS Chronic Medical Treatment Guidelines, page 7.

Decision rationale: As noted on pages 26 and 27 of the MTUS Chronic Medical Treatment Guidelines, Butrans or buprenorphine is indicated in the treatment of opioid addiction. In this case, the applicant's provider has himself acknowledged that the applicant has developed opioid addiction. The attending provider seemingly suggested that provision of Butrans could serve as a transitory step toward optimally weaning the applicant off of opioids outright. This is an appropriate usage for Butrans. Therefore, the request is medically necessary.

Methadone 10mg, QTY:180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: In contrast to Butrans, methadone appears to have been prescribed here for pain purposes. As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy. However, there is evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has seemingly failed to return to work. There has been no evidence of any significant reduction in pain levels achieved as a result of ongoing methadone usage. The applicant continues to report pain in the 8/9 range, even with ongoing usage of opioids and intrathecal. Continuing methadone, then, is not indicated. Therefore, the request is not medically necessary.

Norco 10/325mg, QTY: 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 78, Opioids, Ongoing Management topic. Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, the applicant is using a variety of short-acting opioids, including Norco and Fentora, in addition to long-acting opioids such as methadone, on top of intrathecal fentanyl. Continued provision of Norco, thus, runs counter to the MTUS principle of utilizing the lowest possible dose of opioids to improve pain and function. Therefore, the request is not medically necessary.