

<b>Case Number:</b>	CM14-0061276		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 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 injured worker is a 52-year-old female who reported an injury on 04/06/2009 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment history included left Achilles tendon surgery, back injections, and multiple medications. The injured worker ultimately developed complex regional pain syndrome of the left lower extremity. The injured worker was most recently evaluated on 03/26/2014. It was noted that the injured worker had moderate to severe right knee pain relieved by heat, ice and pain medications. The injured worker's diagnoses included Achilles bursitis or tendonitis, patellar tendonitis, suicidal ideations, contusion of the knee, stress fracture of the tibia or fibula, depression, adjustment disorder with anxiety, plantar fasciitis of the left foot, pain in joint involving ankle and foot, reflex sympathetic dystrophy, sleep disturbances, meralgia paresthetica, chronic pain, pain disorder without agoraphobia, abnormality of gait, deep vein thrombosis, retinal detachment with retinal defect, pes anserinus tendonitis or bursitis, sprain/strains of the ankle and foot, long term (current) use of other medications, and injury to femoral nerve. Physical findings included an antalgic gait with assisted ambulation. The injured worker's medications included Norco 10/325 mg, Neurontin 300 mg, Lidoderm 5% patch, Fentanyl 50 mcg/hour patch, and Ambien CR 12.5 mg. A request was made for refill of medications. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** The requested Norco 10/325 #240 is not medically necessary or appropriate. The clinical documentation does indicate that the injured worker has been on this medication since at least 09/2013. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit resulting from medication usage. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 #240 is not medically necessary or appropriate.

**Lidoderm Patch 5% #60 X5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Lidoderm Patch 5% #60 X5 is not medically necessary or appropriate. The clinical documentation submitted for review indicates the injured worker has been on this medication since at least 09/2013. California Medical Treatment Utilization Schedule recommends the ongoing use of this type of medication be supported by functional benefit and pain relief. The clinical documentation fails to provide any evidence of significant functional benefit and pain relief resulting from medication usage. Additionally, there is no documentation that the injured worker has failed a first line oral antiepileptic and requires topical medication. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. As such, the requested Lidoderm Patch 5% #60 X5 is not medically necessary or appropriate.

**Fentanyl Patch 50 mcg/hr #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** The requested Fentanyl Patch 50 mcg/hr #15 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, evidence that the injured worker is monitored for aberrant behavior and managed side effects. The clinical documentation submitted for review does not provide any support that the injured worker is monitored for aberrant behavior. Additionally, there is no documentation of pain relief or functional benefit resulting from medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fentanyl Patch 50 mcg/hr #15 is not medically necessary or appropriate.

**Ambien CR 12.5 mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia Treatment.

**Decision rationale:** The requested Ambien CR 12.5 mg #30 is not medically necessary or appropriate. The clinical documentation does indicate that the injured worker has been on this medication since at least 09/2013. California Medical Treatment Utilization Schedule does not specifically address this medication. The Official Disability Guidelines recommend short courses of treatment to re-establish and stabilize sleeping patterns with this medication. The clinical documentation does indicate that the injured worker has been on this medication for an extended duration. Therefore, continued use would not be supported. Additionally, the clinical documentation does not provide an adequate assessment of the injured worker's sleep hygiene to support the need for pharmacological intervention. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ambien CR 12.5 mg #30 is not medically necessary or appropriate.