

Case Number:	CM14-0072694		
Date Assigned:	07/16/2014	Date of Injury:	08/29/2002
Decision Date:	09/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 54 year old female with an injury date of 08/29/02. The 04/29/14 progress report by [REDACTED] states that the patient presents with back pain and knee pain. The back pain in the lumbar area, right and left legs is aching, sharp, spasming and swollen. The patient's condition has existed for an extended amount of time. Severity is 8/10. She also presents with chronic right knee pain with a severity of 8/10. The patient is experiencing burning, episodic, radiating and tingling. She indicates narcotics improve the condition while standing and walking worsens the condition. The report states she is to undergo a hernia repair. Her status is listed as permanent and stationary. Upon examination the patient is found sitting moderately uncomfortably. The greatest amount of pain comes from the knee with flexion extension. Pain travels from the lower back to the right lower extremity. There is tenderness to palpation of the thoracic, lumbar and cervical paraspinal muscles, and spasm and tenderness to palpation at all levels. The right greater than the left, worse at the trapezius, and she has decreased cervical range of motion as well as lumbar flexion-extension and rotation. The patient's diagnoses include 1. Chronic lumbosacral sprain/strain with radicular symptoms and some radiculopathy. 2. Chronic sacroiliac sprain/strain bilaterally, right greater than left. 3. Bilateral knee pain status post diagnostic and arthroscopic evaluation of the right knee for medial and lateral plicial syndrome and chondral defect measuring 10mm in diameter affecting the medial femoral condyle per the assessment of AME 10/11/07. 4. Likely postoperative complex regional pain syndrome per symptoms. 5. Lumbar spine MRI 05/20/09 shows multiple disc spaces with degenerative loss of signal. Neither disc herniation nor stenosis is seen. The conus are normal by the MRI and positioned posterior to T12-L1. There are minor Schmorl's node end-plate changes of the disc spaces at T12 to L4. 6. Likely CRPS post-operative

complication from orthoscopic surgery (November 2005) 7. The Right knee MRI which shows a slight joint effusion. The ACL is poorly visualized with likely ACL atrophy. 8. Diagnostic ganglion block that states it only helped decrease pain one day (2010)9. Diabetes Mellitus II. Patient states that her daily blood sugars range from 120-130. Current medications are stated as Lisinopril, Simvastatin, Metformin, Invokana, Colace, Omeprazole, Butrans, Percocet and Phenergan. The utilization review date being challenged is dated 05/08/14. Treatment reports were provided from 10/11/13 to 04/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: 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): 88, 89.

Decision rationale: The patient presents with chronic lower back and right knee pain. The treating physician is requesting Percocet (an opioid) 10/325 mg #120. Per the reports provided, it is unknown when the patient began taking this medication. The 10/11/13 report by [REDACTED] lists it as a continuing medication. MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4A's (analgesia, ADLs, adverse side effect, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication etc. The treating physician does not use any numerical scales to the patient's pain and function specific to Percocet as required by MTUS. There are no discussion of the four A's, including specific improvements in ADL's. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should be slowly weaned as outlined in MTUS guidelines. Therefore Percocet 10/325mg #120 is not medically necessary.

Phenergan 12.5 mg #30 with three (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference (PDR).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on antiemetics for opiates: Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should

be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005)Promethazine (Phenergan®): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus).Ondansetron (Zofran®): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. See also Nabilone (Cesamet®), for chemotherapy-induced nausea, but not pain. On promethazine, ODG guidelines: Not recommended for nausea and vomiting secondary to chronic opioid use. See Antiemetics (for opioid nausea).

Decision rationale: The patient presents with chronic lower back and right knee pain. The treating physician requests for Phenergan 125 mg #30 with 3 refills. Per the 10/11/13 report by [REDACTED] the patient began taking this medication 06/20/12 for nausea. MTUS does not address this medication. Online research states that Promethazine (Phenergan) prevents and controls motion sickness and nausea, vomiting or pain after surgery. See <http://www.drugs.com/phenergan.html> ODG guidelines do not support use of Phenergan for opioid induced nausea for which the treating physician may be prescribing this medication for. The treating physician does not discuss the rationale for the use of Phenergan, for what purpose and with what results. Therefore Phenergan 12.5mg #30 with 3 refills is not medically necessary.

Butrans 10 mcg/hr patch #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: The patient presents with chronic lower back and right knee pain. The treating physician requests Butrans (Buprenorphine); 10mcg/hr. patch, quantity 4. Per the 10/11/13 report by [REDACTED] the patient began taking this medication 03/15/13. The treatment plan in the 04/29/14 report does not discuss the purpose of the medication. MTUS pages 60, 61 state that; "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. . . A record of pain and function

with the medication should be recorded." MTUS guidelines page 78 discuss the 4As of ongoing monitoring. In this case, the reports provided no discussion of measurable subjective or functional benefits from the use of a Butrans patch. Therefore Butrans 10mcg/hr. patch #4 is not medically necessary.

Psychiatric evaluation for spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101. Decision based on Non-MTUS Citation ODG, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators.

Decision rationale: The patient presents with chronic lower back and right knee pain. The treating physician requests for a Psychiatric evaluation as an initial step in requesting authorization for a spinal cord stimulator trial. The 04/29/14 report by [REDACTED] states that a prior request for a re-evaluation for the spinal cord stimulator trial with [REDACTED] was denied due to the lack of a psychiatric evaluation. Therefore, the treating physician is requesting a psychiatric evaluation in order to receive authorization for [REDACTED]. None of the reports provided from 10/11/13 to 04/29/14 are from [REDACTED]. For this reason a need for a re-evaluation cannot be determined. MTUS Guidelines pages 105 to 107; state; that spinal cord stimulation is "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease." In this case, the patient does not present with any specific diagnoses that would qualify for spinal cord stimulation. The patient does not present with failed back syndrome, and there is no diagnosis of CRPS. Although the treating physician argues that the patient developed CRPS following knee surgery, this is unusual and examination does not support it. Therefore request for a psychiatric evaluation is not medically necessary.