

<b>Case Number:</b>	CM14-0081353		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/01/2005
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 49-year-old female who reported an injury on 08/01/2005 due to an unknown mechanism. Diagnoses were severe pain disorder with evolution of both fibromyalgia and complex regional pain syndrome, with joint allodynia, widespread diffuse pain, left hemibody greater than right, but all 4 limbs now affected. Past treatments were acupuncture, physical therapy, TENS unit, pain management, psychological testing, right lumbar sympathetic block at the L2, trigger point injections. Diagnostic studies were MRIs, EMG/NCV, and CT scans. Surgical history was a lumbar fusion in 2006. Physical examination on 05/09/2014 revealed a follow-up of fibromyalgia and complex regional pain syndrome. The injured worker reported a 50% pain relief in the current medication. It was reported that the injured worker was able to cook and clean and go to the store, and was sleeping better at night. It was reported that the injured worker benefited a great deal from the stellate ganglion block. It was reported that the levo-dromoran seemed to have curbed the extent of the burning pain that the injured worker had in the left thigh and buttocks. Examination revealed that the injured worker did not have a full range of motion of the left arm. There was no crepitation with the movement of the joint passively, nor was it restricted. There was tenderness to palpation about the neck and shoulder girdles. There was mild to moderate muscular tightness in the trapezii and slightly tense in the extensors. There was no radiation of pain with Spurling's maneuver, although the injured worker did have pain at end ranges in every direction and especially to the left side that radiated to her scapula. Deep tendon reflexes were brisk in all 4 extremities. There was no Hoffmann's reflex and no Babinski or clonus at the ankles. The injured worker's fingers were slightly puffy, but no pitting edema in the feet, ankles, legs, hands, or arms. There was tenderness in all the fibromyalgia tender points on the left side, in between these

points, and in the soft tissues as well. Medications were Naltrexone, Butrans, Norco, Elavil, and Wellbutrin. Treatment plan was for another sympathetic block in the cervical region, continued medications as directed, and request for participation in the HELP program. The rationale was submitted. The request for authorization was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Butrans 20mcg/ hour #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The request for Butrans 20 mcg/hour #4 is not medically necessary. The California Medical Treatment Utilization Schedule states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be reported. Pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. There are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There was no documentation of the "4 A's." In addition, the request does not indicate a frequency for the medication therefore, the request is not medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78, 75.

**Decision rationale:** The request for Norco 10/325 mg #120 is non-certified. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects and aberrant drug-

taking behavior. There was no documentation of the "4 A's." Also, the request does not indicate a frequency for the medication. Therefore, the request is non-certified.

**Naltrexone 4.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The request for Naltrexone 4.5 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be reported. Pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. There are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There was not documentation of the "4 A's." In addition, the request does not indicate a frequency for the medication therefore, the request is not medically necessary.

**Levo-Dromoran 2mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The request for Levo-Dromoran 2 mg #180 is not medically necessary. The California Medical Treatment Utilization Schedule states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be reported. Pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment.

There are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There was not documentation of the "4 A's." In addition, the request does not indicate a frequency for the medication therefore, the request is not medically necessary.

#### **L2-4 left paravertebral lumbar sympathetic block: Upheld**

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

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

**Decision rationale:** The request for L2-4 left paravertebral lumbar sympathetic block is not medically necessary. The Official Disability Guidelines recommendations for use of sympathetic blocks are there should be evidence that all other diagnoses have been ruled out before consideration of use. There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including the skin temperature after the block shows sustained increase greater than 1.5 degrees Celsius and/or an increase in temperature to greater than 34 degrees Celsius (without evidence of thermal or tactile sensory block). Documentation of motor and/or sensory blocks should occur. This is particularly important in the diagnostic phase to avoid over estimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block can influence results, and this should be documented if utilized. A therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in quick succession in the first 2 weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual. In the therapeutic phase, repeat blocks should only be undertaken if there is evidence of increased range of motion, pain, and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a standalone treatment. There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. In acute exacerbations of patients who have documented evidence of sympathetically mediated pain, 1 to 3 blocks may be required for treatment. A formal test of the therapeutic block should be documented (preferably using skin temperature). The injured worker had a previous sympathetic block with no documentation of

physical therapy/occupational therapy participation. The medical guidelines state sympathetic blocks are not a standalone treatment therefore, the request is not medically necessary.

**HELP program evaluation/full program:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Programs (functional restoration programs).

**Decision rationale:** The request for help program evaluation/full program is not medically necessary. The Official Disability Guidelines for chronic pain programs is there should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address psychological, physiologic, and sociologic components that are considered components of the patient's pain. Patients should show evidence of motivation to improve and return to work, and meet the patient's selection criteria outlined. While these programs are recommended, the research remains ongoing as to what is considered the gold-standard content for treatment; the group of patients that benefit most from this treatment; the ideal timing of when to initiate treatment; the intensity necessary for effective treatment; and cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological, and social factors. There is no one universal definition of what comprises interdisciplinary/multidisciplinary treatment. These pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy and/or occupational therapy. The most commonly referenced programs have been defined. A multidisciplinary program involves 1 or 2 specialists directing the services of a number of team members, with these specialists often having independent goals. These programs can be further subdivided into 4 levels of pain programs: (a) Multidisciplinary pain centers (b) Multidisciplinary pain clinics (c) Pain clinics (d) Modality-oriented clinics. An interdisciplinary pain program involves a team approach that is outcome focused, coordinated, and offers goal-oriented interdisciplinary services. Communication on a minimum of a weekly basis is emphasized. The most intensive of these programs is referred to as a functional restoration program, with a major emphasis on maximizing function versus minimizing pain. The request does not state specifically what type of pain program for the injured worker. It was not clearly reported that the injured worker was motivated to improve and return to work therefore, the request is not medically necessary.