

Case Number:	CM14-0047782		
Date Assigned:	07/02/2014	Date of Injury:	04/06/2009
Decision Date:	01/06/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/16/2014

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 Management 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 52 year old female with an injury date of 04/06/09. Based on the 01/02/14 progress report, the patient complains of right knee pain, low back pain, and left ankle pain. She also has anxiety, panic attacks, depression, and insomnia. With medications, her pain is rated as a 9/10 and without medications is a 10/10. The 01/30/14 report indicates that the patient has right knee pain and left foot pain. The 02/28/14 report states that the patient continues to have back pain as well as an antalgic gait. Aggravating factors include changing position, bending, lifting, daily activities, standing, and sitting, twisting, and walking. There were no additional positive exam findings provided. On 10/07/13, the patient had a lumbar sympathetic block at L2, L4 on the left side. She is currently on temporary total disability. The patient's diagnoses include the following: 1. Suicidal ideation, 2. Adjustment disorder with anxiety, 3. Abnormality of gait, 4. Sleep disturbances, 5. Reflex sympathetic dystrophy, 6. Pain in joint involving ankle and foot, 7. COAT, 8. Chronic pain, 9. Stress fracture of tibia or fibula, 10. Patellar tendinitis, 11. Plantar fasciitis of left foot. The utilization review determination being challenged is dated 03/28/14. Treatment reports were provided from 08/09/13- 02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for Use of Opioids Page(s): 60-61, 76-78, 88-89..

Decision rationale: According to the 01/02/14 report, the patient presents with right knee pain, low back pain, and left ankle pain. The request is for Norco 10/325 mg, QTY: 240. The patient has been taking Norco as early as 08/09/13. The patient is currently taking Vibryd, Norco, Neurontin, Lidoderm 5% Patch, Fentanyl, Clonazepam, and Ambien CR. The patient had urine toxicology on 11/05/13 which was inconsistent with the patient's prescribed medications. Both of the 01/02/14 and 01/30/14 reports indicate that the patient rates her pain as a 10/10 without medications and a 9/10 with medications. "With medications the patient is able to: Get out of bed but doesn't get dressed. Stay at home all day. Without medications the patient reports they: Get out of bed but doesn't get dressed. Stay at home all day." The 02/28/14 report states that "the patient has obtained meaningful improvement in their level of pain. The patient has demonstrated meaningful improvement in pain interference and/or function using validated instruments as well as quality of life. The patient has not experienced any side effects to the prescribed medication and has not experienced an overdose event during the current treatment episode. The patient has not demonstrated any evidence of a current substance use disorder." The patient rated her pain as a 10/10 without medications and an 8/10 with medications. 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, the provider provides pain scales showing before and after pain scales but the improvement does not appear significant. Even with opiates, the patient's pain level is 8-9/10, or near completely disabling. Description of functional improvement also does not show significant change and the patient completes the same ADL of getting out of bed, but not dressing. There were no further examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. Therefore, Norco 10/325 mg, QTY: 240 are not medically necessary and appropriate.

Neurontin 300 mg, QTY: 180 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDS), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Specific Anti-Epilepsy Drugs, Medications for Chronic Pain Page(s):.

Decision rationale: According to the 01/02/14 report, the patient presents with right knee pain, low back pain, and left ankle pain. The request is for Neurontin 300 mg, QTY: 180, with 4 refills for nerve pain. The patient has been taking Neurontin as early as 08/09/13. MTUS has the following regarding Gabapentin on pages 18-19: "Gabapentin (Neurontin, Gabarone, generic

available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The provider does not discuss efficacy. There is no discussion as to how this medication has been helpful with pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, there is no documentation of neuropathic pain presented in patient. Request does not meet MTUS indications. Therefore, Neurontin 300 mg, QTY: 180 with 4 refills is not medically necessary and appropriate.

Lidoderm 5% (700 mg patch), QTY: 60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches, Topical Analgesics Page(s): 56, 57, 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm Patches

Decision rationale: According to the 01/02/14 report, the patient presents with right knee pain, low back pain, and left ankle pain. The request is for Lidoderm 5% (700 mg patch) QTY: 60, with 4 refills. The patient has been using Lidoderm as early as 08/09/13. 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, "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." In this case, the provider does not indicate where these patches will be applied to, or if they will be used for neuropathic pain. Based on the patient's diagnosis, there is no neuropathic pain that is peripheral and localized. Therefore, Lidoderm 5% (700 Mg Patch), QTY: 60 with 4 refills are not medically necessary and appropriate.