

<b>Case Number:</b>	CM15-0103897		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	04/30/2010
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

### 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 48 year old female, who sustained an industrial injury on 4/30/10. She reported catching her foot on a stool and fracturing her foot. The injured worker was diagnosed as having complex regional pain syndrome of left foot. Treatment to date has included sympathetic nerve block, 2 surgeries of left foot, physical therapy, home exercise program, oral medications including Norco, Lyrica and topical Lidoderm patches. Currently, the injured worker complains of severe pain in left foot, which extends to the left ankle. The pain is constant and varies in intensity. She is working on a full time basis. She notes previous sympathetic lumbar nerve block have provided mobility in her foot and allow her to wear sock and shoes again. Physical exam noted restricted lumbar range of motion and restricted range of motion of left foot with allodynia over the left foot. Requests for authorization were submitted for Norco, Lyrica, Lidoderm and a sympathetic block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sympathetic block at left L2 and L4 QTY: 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Pain (updated 04/06/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Initial Care pg 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** ODG recommends sympathetic blocks only as an adjunct to facilitate functional restoration programs, in limited, select cases, for the treatment of sympathetically mediated pain. Sympathetic blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. Per guidelines, repeat blocks should only be performed 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. Chart documentation shows the injured worker has undergone previous sympathetic blocks with reported subjective improvement. At the time of the requested service under review, physician reports fail to show evidence of concurrent functional rehabilitation program or objective evidence of significant pain or medication use reduction. The medical necessity for repeat nerve block has not been established. The request for Sympathetic block at left L2 and L4 QTY: 2 is not medically necessary per guidelines.

**Fluoroscopic guidance:** 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 Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fluoroscopy.

**Decision rationale:** ODG recommends Fluoroscopy in guiding the needle into the epidural space during epidural steroid injections (ESI). With the Sympathetic block found not medically necessary, fluoroscopic guidance is no longer indicated. The request for Fluoroscopic guidance is not medically necessary per guidelines.

**Norco 10/325mg 4 times daily as needed (Rx 03/06/15) #120:** 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 Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain,

increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker is diagnosed with complex regional pain syndrome of left foot, with ongoing left foot pain. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's pain and there is no documentation of extenuating circumstances. With guidelines not being met and in the absence of significant response to treatment, the request for Norco 10/325mg 4 times daily as needed (Rx 03/06/15) #120 is not medically necessary by MTUS.

**Lyrica 50mg 2 at bedtime (Rx 03/06/15) #60: 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 Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pregabalin (Lyrica).

**Decision rationale:** ODG recommends Lyrica (Pregabalin), an anti-convulsant, for treatment of neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica has been FDA approved for the treatment of diabetic neuropathy, Fibromyalgia and postherpetic neuralgia. It has also been approved for neuropathic pain associated with spinal cord injury. The injured worker is diagnosed with complex regional pain syndrome of left foot, with ongoing left foot pain. Documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Lyrica. The request for Lyrica 50mg 2 at bedtime (Rx 03/06/15) #60 is not medically necessary per guidelines.

**Lidoderm 5% patches up to 3 patches to area of pain for 12/24 hours (Rx 03/06/15) #90: 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 Analgesics Page(s): 111.

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Documentation reveals that the injured worker complains of chronic left foot pain due to the diagnosis of complex regional pain syndrome. The request Lidoderm 5% patches up to 3 patches

to area of pain for 12/24 hours (Rx 03/06/15) #90 is not medically necessary by lack of meeting MTUS criteria.

**Norco 10/325mg 4 times daily as needed (Rx 04/03/15) #120: 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 Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker is diagnosed with complex regional pain syndrome of left foot, with ongoing left foot pain. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's pain and there is no documentation of extenuating circumstances. With guidelines not being met and in the absence of significant response to treatment, the request for Norco 10/325mg 4 times daily as needed (Rx 04/03/15) #120 is not medically necessary by MTUS.