

<b>Case Number:</b>	CM15-0131377		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/03/1998
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on August 3, 1998. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, cane, SCS and physical therapy. Currently, the injured worker complains of right lower leg (from the knee to his foot) pain described as severe and burning and feels like lightning bolts shooting through his right foot. He also reports his tailbone is very sore. The pain is interfering with his sleep averaging approximately 5 ½ hours of interrupted sleep. The injured worker is diagnosed with lower extremity causalgia, complex regional pain syndrome of the lower extremity, and SCS. He is not currently working. A note dated May 12, 2015 states the injured worker's pain level is rated 7-8 on 10 and he experienced a brief period where his left leg wouldn't move. A note dated April 14, 2015 states the injured worker has an altered gait and uses a cane for ambulation. A note dated March 12, 2015 states the injured worker is not experiencing relief from Methadone and would like to go back on MS Contin. Documentation regarding efficacy from other treatment modalities was not included. The following medications, Terazosin HCL 1 mg #90 (Hytrin-dated of service May 19, 2015), Oxycodone Acetaminophen 10-325 mg #240 (Percocet-date of service May 18, 2015) and Morphine Sulfate 30 mg #120 (MS Contin-date of service May 18, 2015) are being requested to continue to provide the injured worker relief from his symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terazosin Hydrochloride (Hytrin), 1mg quantity 90 DOS 5-19-15: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2 and Gestational) Chapter under Hypertension Treatment and Other Medical Treatment Guidelines drugs.com.

**Decision rationale:** Based on the 05/12/15 progress report provided by treating physician, the patient presents with sore tail bone, right lower leg (from the knee to his foot) pain described as severe and burning and feels like lightning bolts shooting through his right foot. The pain is interfering with his sleep averaging approximately 5 hours of interrupted sleep. The request is for RETROSPECTIVE TERAZOSIN HYDROCHLORIDE (HYTRIN), 1MG QUANTITY 90 DOS 5-19-15. RFA with the request not provided. Patient's diagnosis on 05/19/15 includes lower extremity causalgia, complex regional pain syndrome of the lower extremity, and SCS. The patient has an altered gait and uses a cane for ambulation. Treatment to date has included SCS, physical therapy, exercise and medications. Patient's medications include Terazosin, Percocet, MS Contin, Ambien, Iodine, Remeron, Zofran and Elavil. Patient is not working, per 05/19/15 report. Treatment reports provided from 12/23/14 - 07/16/15. Drugs.com states: "Terazosin is in a group of drugs called alpha-adrenergic blockers. Terazosin relaxes your veins and arteries so that blood can more easily pass through them. It also relaxes the muscles in the prostate and bladder neck, making it easier to urinate. Terazosin is used to treat hypertension (high blood pressure), or to improve urination in men with benign prostatic hyperplasia (enlarged prostate)." MTUS and ACOEM Guidelines are silent on this request. ODG Guidelines, Diabetes (Type 1, 2 and Gestational) Chapter under "Hypertension Treatment" states: "After Lifestyle (diet & exercise) modifications (1) First line, 1st choice: Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace); Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan)." Terazosin (Hytrin) has been included in progress reports dated 12/23/14, 03/12/15, and 05/19/15. It is not known when Terazosin was initiated. Medical records do not discuss hypertension or the prescribed anti-hypertensive medication. There is no discussion regarding urination difficulties or prostate problems for which this medication would be indicated, either. Patient's blood pressure on 05/19/15 was 146/74, and on 04/14/15 was 118/69. Given the lack of discussion regarding why this medication is prescribed and with what effectiveness, the request IS NOT medically necessary.

**Retrospective Oxycodone/Acetaminophen (Percocet) 10/325/mg quantity 240 DOS 5-18-15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 05/12/15 progress report provided by treating physician, the patient presents with sore tail bone, right lower leg (from the knee to his foot) pain described as severe and burning and feels like lightning bolts shooting through his right foot. The pain is interfering with his sleep averaging approximately 5 hours of interrupted sleep. The request is for RETROSPECTIVE OXYCODONE/ACETAMINOPHEN (PERCOCET) 10/325/MG QUANTITY 240 DOS 5-18-15. RFA with the request not provided. Patient's diagnosis on 05/19/15 includes lower extremity causalgia, complex regional pain syndrome of the lower extremity, and SCS. The patient has an altered gait and uses a cane for ambulation. Treatment to date has included SCS, physical therapy, exercise and medications. Patient's medications include Terazosin, Percocet, MS Contin, Ambien, Iodine, Remeron, Zofran and Elavil. Patient is not working, per 05/19/15 report. Treatment reports provided from 12/23/14 - 07/16/15. 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, 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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Percocet (Oxycodone/Acetaminophen) has been included in patient's medications, per progress reports dated 12/23/14, 03/12/15, and 05/19/15. It is not known when Oxycodone was initiated. In this case, treater has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Retrospective Morphine Sulfate (MS Contin) 30mg quantity 120 DOS 5-18-15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 05/12/15 progress report provided by treating physician, the patient presents with sore tail bone, right lower leg (from the knee to his foot) pain described as severe and burning and feels like lightning bolts shooting through his right foot. The pain is interfering with his sleep averaging approximately 5 hours of interrupted sleep. The request is for RETROSPECTIVE MORPHINE SULFATE (MS CONTIN) 30MG QUANTITY 120 DOS

5-18-15. RFA with the request not provided. Patient's diagnosis on 05/19/15 includes lower extremity causalgia, complex regional pain syndrome of the lower extremity, and SCS. The patient has an altered gait and uses a cane for ambulation. Treatment to date has included SCS, physical therapy, exercise and medications. Patient's medications include Terazolin, Percocet, MS Contin, Ambien, Iodine, Remeron, Zofran and Elavil. Patient is not working, per 05/19/15 report. Treatment reports provided from 12/23/14 - 07/16/15. 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, 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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per 03/12/15 report, pain is rated 7/10 with activity. and patient states "Methadone doesn't work. Terrible pain. Want to change back to MS Contin." MS Contin has been included in patient's medications, per progress reports dated 03/12/15 and 05/19/15. It is not known when Oxycodone was initiated. In this case, treater has not stated how MS Contin reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.