MAXIMUS Federal Services

Case Number:	CM15-0134571		
Date Assigned:	07/29/2015	Date of Injury:	12/31/1991
Decision Date:	09/24/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/13/2015

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 76 year old, female who sustained a work related injury on 12/31/91. The diagnoses have included complex regional pain syndrome bilateral upper extremities, bilateral median neuropathy due to carpal tunnel syndrome, status post right carpal tunnel release, occipitotemporal muscle contraction cephalalgia, myofascial pain syndrome of the neck, both shoulders and thoracolumbar paravertebral muscles, low back pain, status post left ulnar transposition at the elbow, sleep disturbance, depression, right subacromial and right subdeltoid bursitis, chronic regional pain syndrome right leg and right knee arthritis. Treatments have included right knee injections, oral medications, Voltaren gel, lumbar paravertebral sympathetic blocks, aqua exercise, and psychotherapy. In the Primary Treating Physician's Progress Report and Office Visit dated 6/23/15, the injured worker reports burning, neuropathic right knee pain and allodynia. She rates her pain level an 8-9/10. She has tenderness and myofascial spasm in cervical spine. She has tenderness in bilateral subacromial and subdeltoid bursa. She has bilateral shoulder impingement signs. Allodynia noted of the right distal thigh to right lower leg and right foot. Moderate deep hyperalgesia noted of the right knee. Proximal and distal leg strength was and equal on both sides. She attempted to decrease how much Methadone she was taking but noted a significant increase in pain of both arms, right leg and right knee arthralgia. She noted a decrease in functional abilities including a decrease in walking tolerance from block to ¼ block, a decrease in standing tolerance from 10 minutes to 8 minutes and driving tolerance from 25 minutes to 20 minutes. Some of this medical record was difficult to

decipher. She is not working. The treatment plan includes requests for authorization of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Methadone 10mg #96: Overturned

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

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: The patient presents on 06/23/15 with burning neuropathic pain and allodyna of the bilateral upper extremities and right lower extremity/right knee pain. The progress note is poorly scanned and illegible in some portions. The patient's date of injury is 12/31/91. Patient is status post left carpal tunnel release, left ulnar nerve transposition, lumbar laminectomy, and left shoulder total arthroplasty. The request is for ONE (1) PRESCRIPTION FOR METHADONE 10MG #96. The RFA was not provided. Physical examination dated 06/23/15 reveals tenderness to palpation and bilateral spasms of the cervical paraspinal musculature, trapezii, levator scapulae, supraspinatus, and rhomboid muscles. Upper extremity examination reveals mild allodyna in the left arm with delayed capillary refill and reduced temperature noted in the left upper extremity, as well as positive Tinel's sign in the bilateral upper extremities. The patient is currently prescribed Methadone, Lexapro, Lactulose, Synthroid, and two other medications which were illegible. Diagnostic imaging was not provided. Patient is currently not working. MTUS Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) Section, Page 88-89 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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the requested Methadone for the management of this patient's intractable pain, adequate documentation of analgesia has not been provided, but the weaning process should be continued. The progress note associated with this request, dated 06/23/15, and the majority of the documentation included for this review was poorly scanned and very difficult to decipher. It appears that this patient has been in the process of weaning her Methadone down from 10 tablets a day, though it is not clear if the patient is appealing the weaning process itself, or the current reduced amount. In regard to analgesia, clearly legible validated scales or percentages noting before-and-after pain levels are not provided. The provider includes some discussion of a recent decline in this patient's condition due to the weaning from 10 tablets a day to 7 tablets a day, but does not clearly indicate how this patient's medications improve function when they are being taken. The provider states that a urine drug screen dated 09/11/13 was consistent for Methadone, however confusing also states "05/06/15 urine drug screen (SACH) was negative." It is not clear if the provider is stating that the results were negative for all metabolites, or negative for

inconsistencies. The provider does clearly state that this patient does not display any aberrant behaviors, and re-iterates the consistent 09/11/13 findings in the discussion portion of the progress note, without clarifying the "negative" result. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a lack of aberrant behavior. In this case, however it appears that the patient is attempting to wean from narcotic medications. Given the evidence provided that this patient is currently attempting to wean from the medication, the request as written is appropriate and is substantiated. The request IS medically necessary.

One (1) prescription of Lexapro 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 9.

Decision rationale: The patient presents on 06/23/15 with burning neuropathic pain and allodyna of the bilateral upper extremities and right lower extremity/right knee pain. The progress note is poorly scanned and illegible in some portions. The patient's date of injury is 12/31/91. Patient is status post left carpal tunnel release, left ulnar nerve transposition, lumbar laminectomy, and left shoulder total arthroplasty. The request is for ONE (1) PRESCRIPTION OF LEXAPRO 10MG #60. The RFA was not provided. Physical examination dated 06/23/15 reveals tenderness to palpation and bilateral spasms of the cervical paraspinal musculature, trapezii, levator scapulae, supraspinatus, and rhomboid muscles. Upper extremity examination reveals mild allodyna in the left arm with delayed capillary refill and reduced temperature noted in the left upper extremity, as well as positive Tinel's sign in the bilateral upper extremities. The patient is currently prescribed Methadone, Lexapro, Lactulose, Synthroid, and two other medications which were illegible. Diagnostic imaging was not provided. Patient is currently not working. Lexapro (Escitalopram) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). MTUS Guidelines Antidepressants Section pages 13 and 15 state: "Recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain, tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contradictive. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." Recommended as a first-line treatment option for MDD and PTSD." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." This patient has been prescribed Lexapro since at least 01/06/15. The progress note associated with this request, dated 06/23/15, and the majority of the documentation included for this review was poorly scanned and very difficult to decipher. The 06/23/15 progress note dedicates a significant portion of discussion regarding this patient's utilization review history and continuing appeals regarding Methadone. However, a careful review does not include any discussion of the efficacy Lexapro. The previous progress note is also poorly scanned and almost entirely illegible. There were also

several psychiatric progress notes included with the documentation, in which the mental health specialist discusses this patient's continuing depressive symptoms, presentation, and therapy plans. However, this specialist also fails to address medication efficacy. While this patient presents with significant and ongoing depression secondary to chronic pain and loss of function, MTUS guidelines require documentation of medication efficacy when used for chronic pain. Given the conservative nature of this medication and this patient's presentation, were the provider to include a simple statement regarding Lexapro efficacy, the recommendation would be for approval. Unfortunately, no discussion is provided and/or legible. Therefore, the request IS NOT medically necessary.