

<b>Case Number:</b>	CM15-0140128		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 40 year old female, who sustained an industrial injury on 2-16-10. Initial complaints were of a crush type injury to the left foot. The injured worker was diagnosed as having chronic pain secondary to crush type injury; left foot complex regional pain syndrome; depression. Treatment to date has included physical therapy; status post tarsal tunnel release (2-16-15); medications. Diagnostics studies included MRI Left Foot (5-9-13); EMG/NCV study left lower extremity (9-16-13); Vascular Duplex study lower extremity (7-24-14); Color Duplex Study lower extremity (10-29-14). Currently, the PR-2 notes dated 7-2-15 indicated the injured worker returns as a follow-up and re-evaluation last seen on 6-3-15. Her most recent urine drug screen on 4/8/15 is reported as consistent with her prescribed analgesics without evidence of illicit drug use. She underwent a left foot tarsal tunnel release on 2-16-15 and reports her chronic pain and neuropathic pain improved after that surgery. She complains of post-operative pain in her left foot and is activity dependent. She continues to undergo physical therapy twice weekly and starting to walk without the knee scooter. The Nucynta ER provides sustained relieve of pain and she has tapered down on Nucynta ER from 400 to 300mg. She reports difficulty sleeping for the first two weeks but she is tolerating the medication adjustment. She is taking Dilaudid 4 tablets daily for breakthrough pain. Zanaflex is helpful in reducing muscle spasms and cramps and is averaging 2 tablets daily. Amitiza is very effective in managing her constipation. She denies excessive sedation, nausea or vomiting associated with the analgesic medications. Her mood has also improved since the surgery. She has a Duplex Doppler Ultrasound of the left lower extremity on 10-29-14 with no evidence of a DVT. Objective

findings are documents as a mild to moderate discomfort and a antalgic gait. The provider is requesting authorization of Lidocaine 10% Compound cream #1 refill and Methadone 5mg #120.

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

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

**Methadone 5mg Qty: 120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone (Dolophine, Methadose oral dosage forms, generic available) Page(s): 61-62, 93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, "Pain, Suffering, and the Restoration of Function", page 115.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Guidelines do not support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as heroin or other morphine-like drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. Recommendations for weaning include reduction of 10% every 2-4 weeks down to 5% once a dose of one third of initial dosing has been reached. Review indicates Methadone should have been weaned. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue the opiate for this unchanged chronic 2010 injury without functional benefit. The Methadone 5mg Qty: 120.00 is not medically necessary and appropriate.

**Lidocaine 10% Compound cream Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam and chronic diffuse symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidocaine 10% Compound cream Qty: 1.00 is not medically necessary and appropriate.