

<b>Case Number:</b>	CM15-0168128		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/18/1990
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 78 year old female sustained an industrial injury on July 18, 1990. The injured worker's initial complaints and diagnoses were not included in the provided medical records. She was diagnosed as having knee osteoarthritis, lumbosacral neuritis, and lateral spinal stenosis. CT myelography was performed in the past, but the date and results were not included in the provided medical records. Surgery to date included 3 knee surgeries. Treatment to date includes physical therapy, an epidural steroid injection, and medications including oral opioid analgesic, topical analgesic, anti-anxiety, anti-epilepsy, and antidepressant. There were no other dates of injury. Comorbidities included depressive psychosis. On August 5, 2015, the injured worker reported piercing and throbbing right knee pain, which was aggravated by bending, lifting, sitting, and walking. Medications and rest relieved the pain. Associated symptoms included bruising, crepitus, decreased mobility, difficulty initiating sleep, joint tenderness, nocturnal pain, and spasms. She reported lower back pain. Associated symptoms included decreased mobility and spasms. The treating physician noted lateral spinal stenosis at L4-S1 (lumbar 4-sacral 1) and bilateral knee osteoarthritis. The physical exam revealed severe knee crepitation and decrease range of motion of the right knee. The treatment plan included a pain management consultation, an orthopedic consultation, Endocet, Duragesic patch, and Cymbalta. The treatment plan included a pain management consultation for possible injections for lateral spinal stenosis, an orthopedic consultation for a possible knee replacement, and continuing Endocet, Duragesic patch, and Cymbalta.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pain Management Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

**Decision rationale:** Per the MTUS, Chronic pain programs are "recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria. Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks." A review of the injured workers medical records reveal advanced age and longstanding delayed recovery. She meets the criteria for a chronic pain program based on previous methods of treating her chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain. It appears she would benefit from a pain management program, therefore the request for Pain Management Consultation is medically necessary.

### **One orthopedic consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Per the American College of Occupational and Environmental Medicine (ACOEM) guidelines, a surgical consultation may be indicated if there is limitation of activity for more than one month (exception is acute drainage of hematoma or effusion) and failure of exercise programs to increase range of motion and strength of the knee. The treating physician referred the injured worker for an orthopedic consultation for a possible knee replacement. The injured worker has had longstanding knee problems and she has had 3 previous knee surgeries, a referral to an orthopedic surgeon is appropriate and medically necessary.

### **Endocet 10/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me do not reveal documentation of improvement in pain and function with the use of Endocet, all the ongoing management actions which include addressing side effects and aberrant drug taking behavior with pain contract and urine drug screen were also not evident, without this information it is not possible to establish medical necessity, therefore the request for Endocet is not medically necessary.

**Duragesic 100 mcg/hr patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend the Duragesic patch (Fentanyl transdermal) for continuous, around-the-clock pain management for chronic moderate to severe pain that is persistent. The medical records show that the injured worker has been using Duragesic patches since at least February 2015. According to the treatment plan on August 5, 2015, the injured worker was to apply a Duragesic patch every 72 hours. However, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. In addition there is lack of documentation of pain relief and functional improvement with the treatment already provided. Therefore, the request for Duragesic patch is not medically necessary.

**Cymbalta 60 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) recommends Cymbalta for first-line treatment of neuropathic pain. The medical records show the injured worker has been taking Cymbalta since at least February 2015. According to the treatment plan on August 5, 2015, the injured worker is to take 1 capsule of every day. However, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. In addition there is lack of documentation of pain relief and functional improvement with the treatment already provided. Therefore, the request for Cymbalta is not medically necessary.