

Case Number:	CM15-0201033		
Date Assigned:	10/16/2015	Date of Injury:	03/26/2005
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 62 year old male who reported an industrial injury on 3-26-2005. His diagnoses, and or impressions, were noted to include: reflex sympathetic dystrophy of lower limb; crush injury of toe; allodynia to touch with dysesthesias surrounding the primary zone of pain; right foot arthritis; and chronic stable narcotic use. No imaging studies were noted. His treatments were noted to include: a psych qualified medical evaluation in March 2015; right foot surgeries (2005 & 2010); medication management with toxicology studies; and rest from work as he was noted to be unemployed. The pain management progress notes of 9-8-2015 reported: a rough week, the previous week; that he continued to take Norco for breakthrough pain but it did not help his daily cycles of chronic, persistent pain in his 1st, 2nd right foot toes, rated 5 out of 10; that his pain was made better with medications and rest, but that his current medications were not providing adequate pain control and would like to increase the doses; and that it had gotten harder to have his medications refilled. The objective findings were noted to include: an abnormal gait; loss of function of affected area; weakness; allodynia to touch; dysesthesias surrounding the primary zone of pain; and that he was worsening and with decreased functionality; an abnormal gait; loss of function of affected area; weakness. The physician's requests for treatment were noted to include that it was advisable to continue opiate therapy and his Lyrica, Valium and Norco. No Request for Authorization (RFA) was noted for: Valium 10 mg, #30 with 1 refill; Norco 10-325 mg, #120 with 1 refill, and Lyrica 200 mg, #90 with 1 refill in the medical records provided. The Utilization Review of 9-17-2015 non-certified the request

for: Valium 10 mg, #30 with 1 refill; Norco 10-325 mg, #120 with 1 refill, and Lyrica 200 mg, #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2005 and continues to be treated for chronic right lower extremity pain including a diagnosis of CRPS. His injury occurred when he stepped into a hole when exiting his delivery truck. He has a history of 3 foot and ankle surgeries. He has neuritis due to entrapment of the medial dorsal cutaneous nerve. When seen, he was continuing to take Norco for breakthrough pain. It was not providing pain relief for his chronic persistent pain. He had pain rated at 5/10. Physical examination findings included a body mass index over 30. There was allodynia and hyperpathia and he had dysesthesias. There was decreased lumbar spine range of motion with negative straight leg raising. He had pain over the paraspinous areas. Facet and Kemp's tests were positive. Medications are referenced as allowing the claimant to continue with activities of daily living and with increased activity and functionality. Lyrica, Valium, and Norco were prescribed. Valium (diazepam) is a benzodiazepine, which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

Norco 10/325mg, #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Chapter - Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2005 and continues to be treated for chronic right lower extremity pain including a diagnosis of CRPS. His injury occurred when he stepped into a hole when exiting his delivery truck. He has a history of 3 foot and ankle surgeries. He has neuritis due to entrapment of the medial dorsal cutaneous nerve. When seen, he was continuing to take Norco for breakthrough pain. It was not providing pain relief for his chronic persistent pain. He had pain rated at 5/10. Physical examination findings included a body mass index over 30. There was allodynia and hyperpathia and he had dysesthesias. There was decreased lumbar spine range of motion with negative straight leg raising. He had pain over the paraspinous areas. Facet and Kemp's tests were positive. Medications are referenced as allowing the claimant to continue with activities of daily living and with increased activity and functionality. Lyrica, Valium, and Norco were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Lyrica 200mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury occurring in March 2005 and continues to be treated for chronic right lower extremity pain including a diagnosis of CRPS. His injury occurred when he stepped into a hole when exiting his delivery truck. He has a history of 3 foot and ankle surgeries. He has neuritis due to entrapment of the medial dorsal cutaneous nerve. When seen, he was continuing to take Norco for breakthrough pain. It was not providing pain relief for his chronic persistent pain. He had pain rated at 5/10. Physical examination findings included a body mass index over 30. There was allodynia and hyperpathia and he had dysesthesias. There was decreased lumbar spine range of motion with negative straight leg raising. He had pain over the paraspinous areas. Facet and Kemp's tests were positive. Medications are referenced as allowing the claimant to continue with activities of daily living and with increased activity and functionality. Lyrica, Valium, and Norco were prescribed. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, there is no documentation of pain relief or specific examples of improved function with this medication. The request is not considered medically necessary.