

Case Number:	CM15-0042087		
Date Assigned:	03/12/2015	Date of Injury:	10/27/2006
Decision Date:	04/20/2015	UR Denial Date:	02/15/2015
Priority:	Standard	Application Received:	03/05/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

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 47-year-old male group home supervisor sustained an industrial injury on 10/27/06 while on an obstacle run when he heard his left ankle pop as he fell. On 11/03/06, he had an Achilles tendon repair and continued to wear his splint switching to a cam boot according to the PR2 of 08/07/07. The patient had begun on narcotics after the accident and has not weaned off. The QME referred to the MRI scan of 03/28/07 as showing fusiform thickening of the Achilles tendon consistent with post-op change and healing. In the PR2 of 8/7/07, he complained of left knee pain with aquatic therapy and subsequently concluded the aquatic therapy made him worse. A complex regional pain disorder was suspected and he underwent a lumbar sympathetic block, which according to the PR2 of 9/12/07 gave no initial pain relief but then several hours later, was associated with profound but short-lived relief. On 3/28/08, his provider placed a epidural spinal stimulation electrode at L3-4. This was followed on 05/22/08 with implantation of a Boston spinal cord stimulating system. The PR2 of 7/16/08 noted pain behavior with the patient walking very slowly with pain in his back. Narcotic levels did not decrease. In fact, the PR2 of 03/03 noted increasing amounts of prescribed opiates despite the characterization the stimulation was associated with significant benefit. On 04/29/09, the patient asked about leg amputation as he was walking slowly with crutches. Documentation does not contain measurements of the lower extremities, a sweat test or sequential muscle strength assessments. The PR2 of 06/24/10 noted some improvement in the patient's pain with Neurontin. The PR2 of 7/22/10 recommended increasing amitriptyline, weaning the patient off sustained release morphine and increasing the gabapentin dosage every three to five days while beginning a desensitization exercise program.

Documentation shows the provider chose to increase the dosage of hydrocodone and the dosage of the long acting morphine. The PR2 of 9/28/10 records negative orthopedic tests, no weakness and intact range of motion for the left ankle though the patient continued to wear the cam boot. The PR2 of 06/11/13 noted the patient was placed on the long acting opioid buprenorphine (Subutex). When the patient complained of sleepiness on the medication, Nuvigil was prescribed. On 05/01/13, the spinal cord stimulation system was removed. On 2/12/14, Opana ER was substituted for the buprenorphine. The PR2 of 03/05/14 noted the placement of an epidural catheter for a morphine pump trial. Documentation does not show muscle strength testing, reduction in the patient's opioids or a detailed description of the patient's activities. However, the provider concluded it was a very successful trial and requested authorization for implantation of the morphine pump system. The PR2 of 01/27/15 noted that the patient had an exacerbation of his left leg pain and swelling and complaining of some pain with extension of the left and knee and fairly significant tenderness, globally in the left leg, primary in the calf and popliteal region. The impression was status post Achilles tendon rupture; chronic regional syndrome, left lower extremity with acute exacerbation of pain; painful keloid scar and successful trial of neuraxial opiates, waiting for approval to schedule implantation of an intrathecal pain pump. The progress report dated 8/20/14 requested that the injured worker have a permanent intrathecal drug pump after a successful trial but this was denied. The injured worker has a soft boot on the left leg. A Doppler ultrasound of the left leg was requested to rule out a deep venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics-Cyclobenzaprine Page(s): 64.

Decision rationale: The California MTUS guidelines recommend cyclobenzaprine as a skeletal muscle relaxant for a short course of therapy. The recommendation is not for chronic use. While the documentation notes the patient's complaints of back pain, it does not annotate complaints of spasm. The dosing is usually 5 mg, three times a day and its side effects can include drowsiness, which this patient has complained of. Thus, the requested treatment Flexeril 10mg #60 is not medically necessary and appropriate.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term users of Opioids Page(s): 88.

Decision rationale: The California MTUS guidelines recommend for the patient who has been on opioids for six months or longer that they be reassessed and the pain and functional improvement be compared to baseline. The documentation shows the patient consistently reported his pain at least 7/10 and that interventions such as the installation of the spinal cord stimulation unit did not make a dent in the patient's opioid use. Documentation shows the patient's quality of life deteriorated so that he reported he was homeless. Despite the fact the patient complained of side effects, the opioids were continued. The requested treatment Norco 10/325mg #120 is not medically necessary and appropriate.

Nuvigil 150mg #30: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications Chapter-Armodafinil (Nuvigil).

Decision rationale: The ODG guidelines do not recommend Armodafinil be used solely to counteract sedation effects of narcotics. It is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Documentation does not show the patient has narcolepsy and the patient is not working. The requested treatment: Nuvigil (Armodafinil)150mg #30 is not medically necessary and appropriate.

Tizanidine 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants-Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The California MTUS guidelines indicate this drug is FDA approved for the management of spasticity; unlabeled use for low back pain. The documentation does not include clinical observations about spasticity as a problem for the patient. Moreover, it has side effects of somnolence and hepatotoxicity. Documentation does not show this was addressed with this patient. The requested treatment: Tizanidine is not medically indicated and appropriate.

Senna-s #120, unknown dose: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Doppler Ultrasound of the Left Lower Extremity: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate-Pulmonary Embolism, Venous Thromboembolism.

Decision rationale: Pulmonary embolism accounts for over 100,000 deaths in the US/year. The major source is lower extremity deep venous thrombosis (DVT). Obesity and sedentary activity are risks factors for DVT. In addition, this patient has been wearing the cam boot and has undergone several spinal procedures which might contribute to vascular endothelial injury, part of Virchow's triad. The physical examination, which showed leg swelling, might be explained by the development of deep venous thrombosis. The ordering of Doppler ultrasound of the left lower extremity is medically necessary and appropriate.

Left L2 Sympathetic Block with Fluoroscopy and Intravenous Sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome-(CRPS), Sympathetic and Epidural Blocks Page(s): 36, 39.

Decision rationale: The California MTUS guidelines note the limited role for sympathetic blocks. First, they are recommended for diagnosis. Documentation shows the providers have decided the patient already has the complex regional pain syndrome. The sympathetic block already provided was concluded to be diagnostic. Second, repeated blocks are only recommended if continued improvement is observed. Documentation shows the patient has not improved and baseline measurements from the physical examinations are not provided which would allow some objective assessment. Three the MTUS guidelines note that less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. The requested treatment: 1 left L2 sympathetic block with fluoroscopy and intravenous sedation is not medically indicated and appropriate.