

<b>Case Number:</b>	CM14-0129530		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/30/2000
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old male who reported an injury on 08/30/2000, reportedly injured his lower back when he fell approximately 10 feet while picking pears for his employer. The injured worker's treatment history included x-rays, physical therapy, and medications. The injured worker was evaluated on 06/25/2014. It was documented that the injured worker complained of back pain, neck, and left shoulder pain, and he was on crutches. He had constipation and would like medication. There was moderate interference with relationships, mood, work, concentration, sleep patterns, and overall functioning. He reported insomnia and left shoulder pain had increased with using crutches. Physical examination findings included cervical and lumbar spine tenderness, reduced cervical spine, lumbar spine, and bilateral shoulder motion, lower extremity strength and reflexes intact with dysesthesias involving the bilateral feet. On 07/09/2014, the injured worker was evaluated and it was documented that the injured worker complained of left foot and ankle pain. He still noted persistent swelling, stiffness, and limitation of standing and walking function. On examination, the injured worker had well-healed surgical scar. There was moderate swelling. Ankle range of motion was restricted with dorsiflexion to neutral and plantarflexion to 30 degrees. Subtalar motion was diminished with inversion of 15 degrees and inversion of 10 degrees. The injured worker had tenderness to palpation over the lateral aspect of the ankle and hind foot. There was persistent calf atrophy. The contralateral right foot and ankle had full range of motion, no swelling, and no tenderness. There was no muscle atrophy. Medications included Lidoderm 5% patches, methadone HCl 10 mg, and Norco 10/325 mg, and Omeprazole 20 mg. Diagnoses included esophageal reflux, industrial injuries left foot and ankle, status post multiple surgical procedures, left foot and ankle, residual painful arthritis, left foot mid foot, questionable fusion, calcaneocuboid joint left foot, persistent restriction of motion, limitation of standing and walking

function, and inadequate postoperative rehabilitation. The request for authorization was not submitted for this review.

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

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

#### **Methadone 5mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

**Decision rationale:** The requested is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines recommends Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Based on the information presented on behalf of the Food and Drug Administration (FDA, there appears to be reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. Pharmacokinetics: Genetic differences appear to influence how an individual will respond to this medication. Following oral administration, significantly different blood concentrations may be obtained. Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. Adverse effects: Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. This may be related to tolerance that develops related to the N-methyl- D-aspartate (NMDA) receptor antagonist. Patients may respond to lower doses of methadone than would be expected based on this antagonism. One severe side effect is respiratory depression (which persists longer than the analgesic effect). The provider failed to provide documentation of current urine drug test, attempts at weaning/tapering, and updated and signed pain contract between the provider and the injured worker, as mandated by California Medical Treatment Utilization Schedule (MTUS) guidelines for chronic opiate use. Additionally, the request for methadone failed to indicate duration and frequency for medication use. As such, the request for methadone 5 mg #120 is not medically necessary.

#### **Norco 10/325mg #240 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request Norco 10 /325 mg # 240 with 3 refills is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that

criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The request failed to include duration and frequency of medication. As such, the request is not medically necessary.

**Voltaren gel 1% #2 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Voltaren 1% Gel # 2 with 3 refills is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. There is no indication that the use of Voltaren has resulted in diminished pain levels or functional improvement. Moreover, it was not indicated how long the injured worker has been utilizing the Voltaren. Additionally, it was not indicated if the injured worker had failed antidepressants and anticonvulsants. Therefore, the request for Voltaren is not medically necessary.

**Lidoderm patches 5% #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains Lidocaine. Furthermore, there was no documentation provided on conservative care measures such as physical therapy, pain management or home exercise regimen. In addition, there was no documentation provided on

frequency or location where the Lidoderm Patch would be applied. Lidoderm Patches are recommended of a trial of first-line therapy however it is for diabetic neuropathy pain. As such, the request for Lidoderm Patches 5 % # 30 with 3 refills is not medically necessary.