

<b>Case Number:</b>	CM14-0160629		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

According to the provided documents, this is a 58-year-old man with the date of injury on 9/23/13. He injured his left heel (fractured left calcaneus-severely comminuted) after falling off of a roof. He had surgery twice and a saw a pain management physician to perform a sympathetic lumbar block in June 2014. There is treatment with physical therapy and prior treatment with Lyrica which reportedly gave him a rash. The disputed treatment being addressed is Percocet 10/325 mg #60 and Pristiq 50 mg #30 with 5 refills. This is addressed in a utilization review determination from 9/19/14. That review modified the requests. The utilization review determined that the patient had utilized Percocet since at least 12/20/13. That review also noted that a previous request for this medication had certified a reduced quality on 6/10/14 to allow for safe tapering. Continued tapering was recommended. These medications were requested in a report of 8/12/14 from preventive medicine. That report indicated that the patient was there for follow up of the spraining injury with fracture and surgery of the left ankle. Subjectively it states that the Pristiq helped somewhat with the moods and some of the chronic pain. Pain ranges between 3 and 9/10. It is worse with walking too long. The most vigorous activity in the last 2 weeks was walking 1 block and he reportedly enjoyed going fishing. PT was pending. The objective findings were tenderness about the left foot and ankle with a "folded in area". No gross drainage. There seems to be a Tinel's sign present with distal radiation that may be substantially contributing to his pain in the neuropathic quality. The assessment was left ankle/foot comminuted fracture with reconstruction and infected hardware; right knee and low back pain from limping; chronic pain; opiate tolerant; chronic pain with associated mood disorder. Refill of Pristiq 50 mg once a day consider 100 mg a day request #30+5 refills. Patient should not run out of the medications because of rebound pain, withdrawal and setback. Percocet 10/325 one half to one tablet every 6 hours as needed for pain. Request a quantity of #60 with no refills. He is

taking 2 a day and sometimes is able to keep it down to 1 a day. There is a podiatry report of 8/11/14 (387) which indicates that the patient is there for follow up, starting Aqua therapy next week. The patient is no longer seeing a doctor for pain management. Treatment plan included prescriptions for Percocet 10/325 #75 1 every 8-12 hours as needed for pain and prescription for Pristiq 50 mg #30 once a day with a follow up in 4 weeks. There is a 7/2/14 Doctors 1st Report of Injury from the preventive medicine specialist. That report ordered oxycodone 10 mg 1 every 6 hours as needed #90, Pristiq 50 mg once a day for chronic pain and mood. That report indicates that at the time the patient was using Percocet and Butrans. A 12/19/13 podiatry report when the patient was 2 weeks postoperative for his 2nd surgery mentioned that the patient was taking Norco 10/325 #75 1 every 16 hours as needed for pain. There was a 2/24/14 podiatry report that had a handwritten note, on that there is a prescription for Percocet 10/325 #100, 1 every 8 hours as needed for pain. A 3/6/14 podiatry report indicates patient was using both Norco and Percocet at that time. There was an initial pain management report from 4/30/14 that listed the current medications as being ibuprofen, Norco 10/325 mg two in the morning and Percocet 10/325 mg 2 at bedtime. The treatment plan was Percocet 10/325 3 times a day #90, start Butrans 5 prior once a week and start gabapentin 300 mg twice a day(discontinued 5/28/14 due to nausea, Butrans was increased to 10 that date as well). None of the provided documents mentioned use of any other antidepressants other than the Pristiq. The Butrans was discontinued on 7/31/14 by the current provider.

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

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

**Diazepam 5 mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants Page(s): 24,63,66.

**Decision rationale:** Diazepam is in the class of medications known as benzodiazepines. The original brand name was Valium. The documents indicate that it is being used for muscle spasm and as a sleep aid. The patient was given #20 on 7/31/14 and is now being prescribed an additional #30. MTUS guidelines note that the long-term use of benzodiazepines is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. It does note that it can be used as a sedative/hypnotic and muscle relaxant, but tolerance to the muscle relaxant effects occurs within weeks. The MTUS guidelines specifically do not recommend benzodiazepines for muscle spasms. There is no rationale provided for treatment outside the guidelines. Therefore, based upon the evidence and the guidelines, this request is not medically necessary.

**An intramuscular injection of 1ml Dexamethasone 4mg/ml, 1ml of Kenalog 40 with 0.5 ml of Lidocaine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain, corticosteroids

**Decision rationale:** The MTUS ACOEM guidelines note that steroids weaken tissue and predispose to re-injury. The guidelines also state that corticosteroids and local anesthetics have risks associated with intramuscular or intra-articular administration. Use should be reserved for patients who have not improved with more conservative therapies. There is no specific discussion regarding intramuscular use for chronic pain. The MTUS guidelines do not specifically address intramuscular corticosteroids. The Official Disability Guidelines state that the patient should have clear-cut signs and symptoms of radiculopathy. The records provided do not show that this patient has any signs or symptoms of radiculopathy. Therefore, based upon the evidence and the guidelines, this request is not medically necessary.

**Percocet 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 74-84,88-89,92.

**Decision rationale:** Percocet is a brand name for a combination of oxycodone and acetaminophen. It is a short acting opioid analgesic. The documents indicate that he has been using this medication since February 2014 at which time he was also concurrently using a short acting opiate, Norco which is a brand name for hydrocodone. At that time he was 2 months postoperative from his 2nd surgery for the comminuted heel fracture. The 2nd surgery was necessary because the hardware became infected. The patient saw a pain management physician in May 2014 and later the Norco was discontinued and he was put on a Butrans patch which is a long-acting transdermal opiate. He continued on the Percocet. The current treating physician saw the patient in July 2014, and placed the patient on an antidepressant, continued the Percocet and the patient actually discontinued the Butrans. Current use of the Percocet is 10 mg 1-2 times a day which is 15 to 30 morphine equivalent doses per day. This is less than MTUS guidelines recommended maximum of 120. Patient has had a trial of first-line non-steroidal anti-inflammatory medications which are first-line analgesics. Overall the patient's total daily morphine equivalent dose has reduced substantially from use of 2 opiates per day to the single opiate at this relatively low dose. This is a very painful injury and patient's recovery is slow secondary to the infectious complication which is also painful. Patient is able to bear weight and there is evidence that he is slowly increasing his functional status. MTUS guidelines would support continued use of this opiate at this low dose as long as the patient continues to make functional gains. Therefore, based upon the evidence the guidelines this considered to be medically necessary.

**Pristiq 50mg #30 With 5 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, SNRIs (serotonin noradrenaline reuptake inhibitors); Antidepressants for chronic pain Pa. Decision based on Non-MTUS Citation SNRIs (serotonin noradrenaline reuptake inhibitors); Antidepressants for chronic pain,

**Decision rationale:** Pristiq is a brand name for desvenlafaxine which is a selective serotonin and norepinephrine reuptake inhibitor which per the prescribing information is indicated for the treatment of major depressive disorder. While MTUS guidelines do support use of this class of antidepressant for treatment of chronic neuropathic pain, this specific drug is not mentioned by either MTUS chronic pain guidelines or ODG. MTUS guidelines do recommend antidepressants for chronic pain but 1st line option are Tricyclics. There is no indication that this patient was trialed on a tricyclic before the Pristiq was prescribed. There is also no mention in the records as to why this particular SNRI was chosen rather than one of the other drugs in this class that are recommended by MTUS guidelines. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.