MAXIMUS Federal Services

Case Number:	CM14-0162228		
Date Assigned:	10/07/2014	Date of Injury:	08/01/2005
Decision Date:	11/07/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 49-year-old female who reported an injury on 08/01/2006. The mechanism of injury, surgical history and diagnostic studies were not provided. The injured worker underwent diagnostic studies of the bilateral lower extremities. The documentation of 05/09/2014 revealed the injured worker was getting 50% relief from pain. The medications were working perfectly and enabling her to cook, clean, go to the store, and drive around. The injured worker was sleeping better and was then sleeping through the night. The injured worker was walking without a cane or walker. The injured worker was noted to get a great deal of benefit from the stellate ganglion block. The injured worker was noted to have no side effects or excessive drowsiness. The physical examination revealed the injured worker looked tired; however, she was presenting a little more animated than previously. The injured worker stood with an erect posture and initiated her gait. The injured worker limped into it, and then smoothed it out. The injured worker complained of a lot of burning pain that extended down the left thigh and buttocks though the Levo Dromoran seemed to have curbed the extent of the burning pain. The pain was noted to be worse in the left low back, buttocks, and thigh than in the left upper extremity. There was no crepitation with movement of the joint passively and there was no restriction on movement of the left arm. The injured worker had tenderness to palpation in the neck and shoulder girdles. The injured worker had mild to moderate muscular tightness in the trapezii and slightly tense extensors, though no nodularity was found. The injured worker had tenderness in the fibromyalgia tender points on the left side and in the soft tissues and in between the points. The diagnoses included severe pain disorder with evolution of both fibromyalgia and complex regional pain syndrome with joint allodynia, wide spread diffuse pain, left hemibody greater than right, but all 4 limbs then affected. The injured worker had

profound depression showing improvement with medication by psychiatry and improvements in neuropathic pain phenomenon. The injured worker had overall improvements in the functional level. The treatment plan included the injured worker would not developed tolerance to these drugs with naltrexone on board and the Butrans. The injured worker was utilizing Norco on a PRN basis to help with bursts of pain that break through spontaneously or spontaneous neuropathic discharge. The injured worker was utilizing naltrexone 4.5 mg twice a day and Levorphanol which was curbing the injured worker's pain and the opined it was a necessary component of pain management. The physician opined the joint allodynia seemed better with Levorphanol as well. The medications that were renewed included Norco for breakthrough pain #120 per month; Butrans 20 mcg per hour as they brought the injured worker's pain level down 50%; the Elavil 50 mg was at bedtime, providing the injured worker with some comfort and the ability to sleep at night; and the injured worker was additionally on Wellbutrin for ongoing pain management. There was a Request for Authorization for the medications dated 03/21/2014. Prior therapies included trigger point injections, medications, and sympathetic blocks. The injured worker underwent a lumbar fusion in 2006. The injured worker was utilizing Levorphanol and Hydrocodone in late 2013. The injured worker was utilizing Topamax and Elavil as well. The documentation of 08/12/2014 revealed the injured worker was bent over in a nearly fetal position in the chair of the examination room, tucked to her right side. The injured worker indicated her medications had been denied since 04/2014. The injured worker had been doing reasonably well on Butrans prescription in combination with Levo Dromoran to take care of burning pain. The physician documented on 06/10/2014 that the injured worker had so much pain that she received IM Toradol 60 mg, 5 mg of Valium, and 40 mg of Depomedrol. Ten minutes later, the injured worker received another 5 mg of Valium and some trigger point injections. The physician opined the injured worker had a flare of simultaneous complex regional pain syndrome that was re-emerging. The injured worker had migraines every day. The documentation of 08/2014 further stated the injured worker was crying all day long since she was seen last in 07/2014. The injured worker indicated on 08/04/2014 that she took 10 Seroquel from a [redacted] doctor 3 years previously, 10 Flexeril from a bottle 3 years ago, 5 Motrin 800 mg, and 5 Darvocet from an old bottle, stating that she was thinking she was in so much pain that her life was no longer worth living for. The injured worker locked the door and passed out. Her husband broke the door down, pulled her into the shower, and turned it on. He sat her up in the shower with water coming down, soaking her, and the injured worker began to wake up a little bit but was not making sense. The injured worker's husband put his finger down her throat and made her throw up the medication she had taken and the injured worker was noted to have thrown up 5 times. No ambulance was called. The injured worker indicated she had been locked up for 2 weeks last time this had happened. The injured worker indicated if she could get relief, this would never happen again. The physical examination revealed the injured worker was holding her left buttocks the entire time. The myofascial tension was marked in the trapezius, left cervical extensors, intrascapular muscles, along the paraspinal extensor muscles, both the lower thoracic areas, the iliolumbar triangle (left more than right), and over the gluteal musculature on the left and it was exquisitely tender. The injured worker was tender in all fibromyalgia tender points and in between. The injured worker had tenderness to mild pressure over the forearms, lateral epicondyles, arms, lateral aspect of the arms, lower poles of the deltoids, medial aspects of the knees, lateral aspect of the hips, and along the thighs in the lateral aspects. Rabid depression caused the injured worker to jump. The physician documented that he went forward with trigger point injections. The diagnoses included complex regional pain syndrome, left greater than right hemibody; fibromyalgia syndrome; myofascial pain syndrome, neck, shoulder girdles, back and buttocks; reactivation of lumbar degenerative disc pain, status post lumbar fusion; and post traumatic type stress history with exposure to a profound amount of physical and sexual abuse in childhood, which rendered her

sympathetic nervous system hyperactive and kept her nervous system in a constant state of readiness. The physician opined the denial of care and withdrawal of medication that was working for her for a 6 month period launched her into a state of rebound pain, withdrawal symptoms, and aggravation of her sympathetic syndrome. The treatment plan included a renewal of prescriptions. There was a detailed Request for Authorization dated 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levorphanol 2mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of an objective decrease in pain, an objective improvement in function, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medications for an extended duration of time. However, the precise duration of use could not be established. The clinical documentation indicated the injured worker had objective functional benefit and an objective decrease in pain. However, there was a lack of recent documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the required medication. Given the above, the request for Levorphanol 2 mg #180 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of an objective decrease in pain, an objective improvement in function, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medications for an extended duration of time. However, the precise duration of use could not be established. The clinical documentation indicated the injured worker had objective functional benefit and an objective decrease in pain. However, there was a lack of recent documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the required medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Elavil 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of recent objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Elavil 50 mg #30 is not medically necessary.

Butrans 20mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure, Buprenorphine for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of an objective decrease in pain, an objective improvement in function, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medications for an extended duration of time. However, the precise duration of use could not be established. The clinical documentation indicated the injured worker had objective functional benefit and an objective decrease in pain. However, there was a lack of recent documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the required medication. Given the above, the request for Butrans 20 mcg #4 is not medically necessary.