

Case Number:	CM15-0113789		
Date Assigned:	06/22/2015	Date of Injury:	02/17/1999
Decision Date:	07/28/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 2/17/99. She reported a foot/leg injury following a motor vehicle accident. The injured worker was diagnosed as having complex regional pain syndrome of lower limb, costal chondrites, reflex sympathetic dystrophy of lower limb and anxiety. Treatment to date has included oral medications including right lower extremity surgery, physical therapy, home exercise program, activity restrictions and oral medications including Celebrex, Famotidine, Lyrica, Methadone, sertraline and transdermal Fentanyl patch. Currently, the injured worker complains of weakness and difficulty with walking, she notes her overall condition has significantly worsened; she rates the pain 9/10. She notes approximately 40% pain relief with methadone, Celebrex helps to decrease the joint pain and Lyrica helps to decrease the burning and hypersensitivity of the foot. Urine drug screen was consistent with prescribed medications. A recent detailed urine drug screen report was not specified in the records provided. She is temporarily totally disabled. Physical exam noted moderate to severe lower extremity pain with moderate tenderness on palpation of the knee and severe tenderness at the ankle and foot on the right lower extremity. The medication list include Celebrex, Famotidine, Lyrica, Methadone, sertraline and transdermal Fentanyl patch. She is unable to bear weight on the right lower extremity. A request for authorization was submitted for Methadone 10mg #180, Fentanyl 100mcg #15, Celebrex 200mg #6 and Lyrica 75 mg #60 and a request for physical therapy and occupational therapy. The patient's surgical history includes foot surgery and scapular surgery. The patient has had a partial amputation after a motor vehicle accident. The patient has had history of fractures earlier with multiple

ankle surgeries and finally fusion of the ankle. Patient has received an unspecified number of PT visits for this injury. The patient has had MRI of the right ankle in 2002 that revealed degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, When to Discontinue Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Request: Methadone 10mg #180. Methadone 10mg # is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. She reported a foot/leg injury following a motor vehicle accident. The injured worker was diagnosed as having complex regional pain syndrome of lower limb, costal chondrites, reflex sympathetic dystrophy of lower limb and anxiety. Treatment to date has included oral medications including right lower extremity surgery, physical therapy, home exercise program, activity restrictions and oral medications including Celebrex, Famotidine, Lyrica, Methadone, sertraline and transdermal Fentanyl patch. Currently, the injured worker complains of weakness and difficulty with walking, she notes her overall condition has significantly worsened; she rates the pain 9/10. She notes approximately 40% pain relief with methadone, Celebrex helps to decrease the joint pain and Lyrica helps to decrease the burning and hypersensitivity of the foot. Urine drug screen was consistent with prescribed medications. Physical exam noted moderate to severe lower extremity pain with moderate tenderness on palpation of the knee and severe tenderness at the ankle and foot on the right lower extremity. She is unable to bear weight on the right lower extremity. The patient's surgical history includes foot surgery. The patient has had a partial amputation after motor vehicle accident. The patient has had history of Fracture earlier with multiple ankle surgeries and finally fusion of the ankle. There is no evidence of adverse effects or aberrant pain behavior. Her current medications already include Celebrex which is an NSAID. NSAID alone was insufficient in treating the pt's pain. This medication is deemed medically appropriate and necessary in the present dose, amount and frequency to treat the pts chronic pain since it is allowing her to function better and there is no evidence of aberrant behavior, in her case. The request for Methadone 10mg #180 is medically necessary and appropriate for this patient.

Fentanyl patch 100mcg/hr #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Long-term Users of Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 75-80.

Decision rationale: Fentanyl patch 100mcg/hr #15. According to MTUS guidelines Duragesic "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. She reported a foot/leg injury following a motor vehicle accident. The injured worker was diagnosed as having complex regional pain syndrome of lower limb, costal chondrites, reflex sympathetic dystrophy of lower limb and anxiety. Treatment to date has included oral medications including right lower extremity surgery, physical therapy, home exercise program, activity restrictions and oral medications including Celebrex, Famotidine, Lyrica, Methadone, sertraline and transdermal Fentanyl patch. Currently, the injured worker complains of weakness and difficulty with walking, she notes her overall condition has significantly worsened; she rates the pain 9/10. She notes approximately 40% pain relief with methadone, Celebrex helps to decrease the joint pain and Lyrica helps to decrease the burning and hypersensitivity of the foot. Urine drug screen was consistent with prescribed medications. Physical exam noted moderate to severe lower extremity pain with moderate tenderness on palpation of the knee and severe tenderness at the ankle and foot on the right lower extremity. She is unable to bear weight on the right lower extremity. The patient's surgical history includes foot surgery. The patient has had a partial amputation after motor vehicle accident. The patient has had history of Fracture earlier with multiple ankle surgeries and finally fusion of the ankle. There is no evidence of adverse effects or aberrant pain behavior. Her current medications include Celebrex which is an NSAID. Alone NSAID was insufficient in treating the pt's pain. This medication is deemed medically appropriate and necessary in the present dose, amount and frequency to treat the pts chronic pain since it is allowing her to function better and there is no evidence of aberrant behavior, in her case. The request for Fentanyl patch 100mcg/hr #15 is medically necessary and appropriate for this patient.

Physical and occupation therapy referral: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Physical and occupation therapy referral. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical and occupational therapy referral is not fully established for this patient.