

<b>Case Number:</b>	CM15-0176400		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/15/2009
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old male who sustained an industrial injury on 08-15-2009. Current diagnoses include bilateral lower extremity infected stasis ulcer, chronic spasms of the lumbar spine and bilateral lower extremities, situational anxiety and subsequent depression, left anterior leg draining cellulitis, and reflex sympathetic dystrophy-upper limb. Report dated 07-28-2015 noted that the injured worker presented with multiple complaints, which included pain, infection, and psychological issues. Physical examination performed on 07-28-2015 was documented as the injured worker's condition is deteriorating, stasis ulcers on legs are larger with malodorous drainage, a new ulcer has developed under the left breast and appears infected with malodorous drainage, right upper extremity crusting continues, nails cannot be trimmed due to the complex regional pain syndrome, left upper extremity is starting to look the same, over use of the left upper extremity is causing problems, and decreased left grip strength. Previous treatments included medications, physical therapy, surgical intervention, injection, multiple referrals to other physicians, and psychological evaluation. The treatment plan included following the patient every 30 days, refilled medications including the hydromorphone and Fioricet, additional medications will be as needed, and work status is 100% disabled from any occupation. The injured worker has been prescribed butalbital-acetaminophen-caffeine since at least 03-07-2014. Request for authorization dated 07-28-2015, included requests for hydromorphone 4mg quantity 180, and butalbital-acetaminophen-caffeine 50/325/40mg quantity 360. The utilization review dated 08-10-2015, modified the request for hydromorphone 4mg

quantity 180, and non-certified the request for butalbital-acetaminophen-caffeine 50/325/40mg quantity 360.

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

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

**Hydromorphone 4mg quantity requested: 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** The 40 year old patient presents with bilateral lower extremity infected stasis ulcers, chronic spasms of the lumbar spine and bilateral lower extremities, situation anxiety and subsequent depression, left anterior leg draining cellulitis, and reflex sympathetic dystrophy of the upper limb, as per progress report dated 07/28/15. The request is for HYDROMORPHONE 4mg QUANTITY REQUESTED: 180. The RFA for this case is dated 07/28/15, and the patient's date of injury is 06/15/09. The patient is malodorous because of his infection, as per progress report dated 07/28/15. As per progress report dated 06/23/15, the patient continues to have bleeding from his pilonidal cyst. He has hyperkeratosis at the end of his nose leading to vision changes. An area under his left breast is showing advancement of complex regional pain syndrome, which started in his shoulder. The patient also complains of left shoulder pain along with "no actual useable function in the right upper extremity." Diagnoses, as per psychology report dated 06/15/15, included depression and pain disorder affected by both psychological factors and a general medical condition. The patient is 100% disabled from any occupation, as per progress report dated 07/28/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." It appears that Hydromorphone was first prescribed on 12/26/15 during a hospital stay for an infectious disease. Prior reports document the use of Butrans patch. As per progress report dated 06/23/15, "Hydromorphone does help with cramping pain." However, the patient is concerned because "it only helps him get through the day." As per progress report dated 05/15/15, the medication causes constipation. Hence, the patient is also taking Peri-colace and Senokot. A review of the reports indicates that the patient is in a lot of distress due to CRPS, chronic pain, and skin

infection. The treater, however, fails to establish the efficacy of the opioid. There is no documentation of before and after analgesia using a validated scale. The progress reports indicate that the patient is unable to perform any activities of daily living. MTUS requires specific examples that indicate an improvement in function and states, "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's to warrant continued use of this medication. Hence, the request is not medically necessary.

**Butalbital/Acetaminophen/Caffeine 50/325/40mg quantity requested: 360: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter under Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** The 40 year old patient presents with bilateral lower extremity infected stasis ulcers, chronic spasms of the lumbar spine and bilateral lower extremities, situation anxiety and subsequent depression, left anterior leg draining cellulitis, and reflex sympathetic dystrophy of the upper limb, as per progress report dated 06/15/09. The request is for BUTALBITAL/ACETAMINOPHEN/CAFFEINE 50/325/40mg QUANTITY REQUESTED: 360. The RFA for this case is dated 07/28/15, and the patient's date of injury is 06/15/09. The patient is malodorous because of his infection, as per progress report dated 07/28/15. As per progress report dated 06/23/15, the patient continues to have bleeding from his pilonidal cyst. He has hyperkeratosis at the end of his nose leading to vision changes. An area under his left breast is showing advancement of complex regional pain syndrome, which started in his shoulder. The patient also complains of left shoulder pain along with "no actual useable function in the right upper extremity." Diagnoses, as per psychology report dated 06/15/15, included depression and pain disorder affected by both psychological factors and a general medical condition. The patient is 100% disabled from any occupation, as per progress report dated 07/28/15. ODG Guidelines, Pain (Chronic) chapter under Barbiturate-containing analgesic agents (BCAs) states the following: Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates. In this case, a prescription for Fioricet is first noted in progress report dated 03/07/14. While it appears that the patient has been taking the medication consistently since then, it is not clear when the medication was initiated. A review of the reports indicates that the patient is in a lot of distress due to CRPS, chronic pain, and skin infection. The treater, however, fails to establish the efficacy of Fioricet in terms of reduction in pain and improvement in function. Additionally, ODG guidelines do not recommend Barbiturate-containing analgesics for chronic pain. Hence, the request is not medically necessary.