

Case Number:	CM15-0177497		
Date Assigned:	09/18/2015	Date of Injury:	02/03/2011
Decision Date:	10/21/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on February 3, 2011, resulting in right foot contusion and crush injury, right hallux crush injury, and subungual hematoma. A review of the medical records indicates that the injured worker is undergoing treatment for right foot contusion with tarsometatarsal joint arthrosis and reactive osseous changes from the contusion injuries, anxiety and depression related to chronic pain, and Complex Regional Pain Syndrome (CRPS). On August 6, 2015, the injured worker reported the severity of pain in his right foot had increased, and would apply Lidoderm patches to the painful region 12 hours per day of his right foot, with reports of fatigue, weight gain, and insomnia. The Treating Physician's report dated August 6, 2015, noted the injured worker's Topiramate 25mg had reduced neuralgia and "Topimirate 50mg" caused excessive sedation. Lyrica was noted to have continued at three times a day, with the injured worker's severity of pain increased since the Flector patches were discontinued in preparation for surgery. The Physician noted the Duloxetine was to be held as it has anti-platelet properties, in preparation for the umbilici hernia surgery. The Duloxetine was noted to have reduced the injured worker's neuralgia by over 75%, with bruxism noted to have increased as his pain increased. The injured worker's reduction of neuralgia was noted to have increased his ability to perform activities of daily living (ADLs) with improved sleep and increased walks. Activities of daily living (ADLs) were noted to remain tolerable with the injured worker's current medications, continuing to be able to vacuum and clean for short periods of time, carry groceries one gallon with each arm up to his third story dwelling, with improvements noted in walking, sitting, standing, sleep duration, and therapeutic

exercises. The injured worker was noted to be able to continue to maintain employment on a full time basis despite his pain. Physical examination was noted to show the injured worker weight bearing on a cane, with right and left upper and lower molars exhibiting significant wear from bruxism and grinding, lumbar sacral tenderness and muscle spasm bilaterally, Adductor insertion measured moderately painful at the right medial hip with abduction aggravating the pain, with medial and posterior tibial moderate tenderness noted. The ankle was noted to be wrapped in a Velcro wrapped stabilizing ankle brace with the right foot taped laterally and along the metatarsal heads. The right foot 2nd and 3rd metatarsal phalangeal joints were noted to have tenderness to palpation, severely tender, with medial foot tenderness, passive translation not tolerated, and toes showing mild cyanosis. Tinel's was noted to have increased along the posterior tibial nerve, the medial plantar nerve, and the right deep peroneal nerve. The injured worker was noted to have been prescribed the Lyrica, Duloxetine, and Buspirone since at least February 26, 2015, and the Topiramate since at least May 7, 2015. The request for authorization dated August 6, 2015, requested Duloxetine 30mg #90, Topiramate 100mg #90, Buspirone 10mg #90, and Lyrica 25mg #90. The Utilization Review (UR) dated August 24, 2015, certified the requests for Duloxetine 30mg #90 and Topiramate 100mg #90, and non-certified the requests for Buspirone 10mg #90, and Lyrica 25mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 10mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/buspar.html.

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), Anxiety medications in chronic pain and Other Medical Treatment Guidelines Buspirone prescribing information.

Decision rationale: The claimant sustained a work injury in February 2011 and is being treated for right foot pain after a crush injury with a diagnosis of CRPS. In July 2015 medications included topiramate and his Lyrica dose was decreased to 25 mg BID. Duloxetine had been effective but the dose had to be decreased due to bruxism. When seen, topiramate had been denied and he was having increased pain. Duloxetine was being held due to pending hernia surgery. He was having increasing anxiety and depression due to denied treatments. Medications were providing functional benefit with improved activities of daily living tolerance. Physical examination findings included ambulating with a cane. There was decreased right hip, knee, and ankle range of motion with tenderness. There was decreased right lower extremity strength. The Lyrica dose was increased and buspirone was prescribed. Diagnosing and controlling anxiety is recommended as an important part of chronic pain treatment, including treatment with anxiety medications. Buspirone is indicated for the management of anxiety disorders. Dosing is 5-15 mg three times daily. In this case, the dosing being requested is within the guideline recommendation and it was prescribed when the claimant was having increasing anxiety and depression. Prescribing buspirone is medically necessary.

Lyrica 25mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in February 2011 and is being treated for right foot pain after a crush injury with a diagnosis of CRPS. In July 2015 medications included topiramate and his Lyrica dose was decreased to 25 mg BID. Duloxetine had been effective but the dose had to be decreased due to bruxism. When seen, topiramate had been denied and he was having increased pain. Duloxetine was being held due to pending hernia surgery. He was having increasing anxiety and depression due to denied treatments. Medications were providing functional benefit with improved activities of daily living tolerance. Physical examination findings included ambulating with a cane. There was decreased right hip, knee, and ankle range of motion with tenderness. There was decreased right lower extremity strength. The Lyrica dose was increased and buspirone was prescribed. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, although the requested dosing is less than that recommended, titration was being done and the claimant had a history of side effects from other medications. The request is medically necessary.