

<b>Case Number:</b>	CM15-0071351		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	08/07/2001
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 56-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 7, 2001. In a Utilization Review report dated April 10, 2015, the claims administrator failed to approve requests for methadone, Percocet, Neurontin, and a spinal cord stimulator trial. The claims administrator referenced a progress note of April 2, 2015 and a RFA form of the same date in its determination. It was stated that the applicant did not carry a diagnosis for which the spinal cord stimulator trial at issue could be considered. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated February 4, 2012, it was acknowledged that the applicant had not worked since the date of injury, August 7, 2001. The applicant reported constant, sharp, and throbbing knee pain. The applicant was using oxycodone, Norco, and morphine as of this point in time. Kneeling, bending, squatting, stooping, and climbing remained problematic, as did exposure to cold weather, the medical-legal evaluator stated. In a work status report dated June 21, 2012, the applicant was placed off work, on total temporary disability. In an April 2, 2015 progress note, the applicant reported ongoing complaints of knee pain status post earlier failed total knee arthroplasty. The applicant reported difficulty sleeping on a bed secondary to pain. The applicant reported ongoing complaints of knee and leg pain secondary to painful neuroma. The applicant was asked to continue and/or given renewals of methadone, Percocet, Neurontin, and Lidoderm patches. The applicant was not working and was receiving Social Security Disability Insurance (SSDI) benefits, in addition to Workers' Compensation indemnity benefits, it was reported. A trial of a spinal cord stimulator was proposed. The note was thinly developed, handwritten, and not altogether legible. In a March 6, 2015 progress note, the applicant's treating provider, a pain management physician, suggested pursuit of pulsed radiofrequency blocks

and/or peripheral nerve blocks. The applicant was using Percocet five tablets a day, Neurontin, methadone, Lidoderm patches, it was acknowledged. The applicant's pain complaints were described as "terrible" and "unremitting."

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

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

#### **1 Prescription of Methadone 10mg #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for methadone, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work and receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was reported. The applicant's pain complaints were described as severe, constant, and unremitting. The attending provider failed to outline meaningful or material improvements in function (if any) achieved because of ongoing methadone usage. Therefore, the request was not medically necessary.

#### **1 Prescription of Percocet 10/325mg #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was noted above. The applicant's pain complaints were described as severe, constant, and unremitting. The attending provider failed to outline any meaningful or material improvements in function affected because of ongoing Percocet usage (if any). Not all of the foregoing, taken together, made a compelling case for continuation of opioid therapy with Percocet. Therefore, the request was not medically necessary.

#### **1 Prescription of Neurontin 300mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

**Decision rationale:** The request for Neurontin (gabapentin) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off work. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. The applicant's pain complaints were described as severe, constant, and unremitting. The applicant remained dependent on opioid agents such as Percocet and methadone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of methadone. Therefore, the request was not medically necessary.

**1 Spinal cord stimulator trail:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable spinal cord stimulators.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Indications for stimulator implantation Page(s): 101; 107.

**Decision rationale:** Finally, the request for a spinal cord stimulator trial was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, a precursor psychologic evaluation is recommended prior to implantation of a spinal cord stimulator trial. Here, however, there was no evidence that the applicant had in fact undergone a precursor psychological or psychiatric evaluation prior to the request for a spinal cord stimulator trial being initiated. Page 107 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that indications for stimulator implantation include evidence that an applicant carries one of the following diagnoses: Failed back syndrome, complex regional pain syndrome, post amputation pain/phantom limb pain, post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and/or peripheral vascular disease. Here, the applicant did not appear to carry a qualifying diagnosis. The applicant was described as having issues with persistent leg pain status post failed total knee arthroplasty. The applicant's failed total knee arthroplasty, thus, did not appear to represent a qualifying diagnosis for a spinal cord stimulator trial, per page 107 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.