

Case Number:	CM15-0093394		
Date Assigned:	05/21/2015	Date of Injury:	12/12/2012
Decision Date:	07/07/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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 34 year old male with an industrial injury dated 12/12/2012. The injured worker's diagnoses include peripheral neuropathy of bilateral extremities affecting the bilateral ankles and complex regional pain syndrome affecting bilateral ankles and feet. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/26/2015, the injured worker reported continued pain, swelling and sensitivity to his bilateral feet and ankles. Objective findings revealed moderate swelling throughout ankles bilaterally, point tenderness and sensitivity upon palpitation of the bilateral ankles and feet and increased pain with motion. The treating physician prescribed Alprazolam 1mg #60, Percocet 10/325mg #120, Lyrica 75mg #60 and Soma 350mg #30 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain in the low back and bilateral feet along with weakness rated 7-10/10 without and 5-8/10 with medications. The request is for alprazolam 1mg #60. The request for authorization is dated 03/12/15. The patient is status-post 3 lumbar sympathetic blocks, with the last on 03/02/15. Physical examination reveals diffused pain in the lumbar paraspinal musculature, which is readily exacerbated with range of motion. There is decreased range of motion in the left ankle. There is diffused atrophy of the left calf. The patient states that his pain is decreased and his function is improved with the use of these medications and without them, he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication. There are no aberrant drug behaviors. Patient's medications include Alprazolam, Soma, Percocet, Lyrica and Neurontin. Per progress report dated 05/08/15, the patient is temporarily totally disabled. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Treater does not specifically discuss this medications. The patient has been prescribed Alprazolam since at least 01/12/15. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. The request for additional Alprazolam #60 would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Percocet 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the low back and bilateral feet along with weakness rated 7-10/10 without and 5-8/10 with medications. The request is for Percocet 10/325mg #120. The request for authorization is dated 03/12/15. The patient is status-post 3 lumbar sympathetic blocks, with the last on 03/02/15. Physical examination reveals diffused pain in the lumbar paraspinal musculature, which is readily exacerbated with range of motion. There is decreased range of motion in the left ankle. There is diffused atrophy of the left calf. The patient states that his pain is decreased and his function is improved with the use of these medications and without them, he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication. There are no aberrant drug behaviors. Patient's medications include Alprazolam, Soma, Percocet, Lyrica and Neurontin. Per progress report dated 05/08/15, the patient is temporarily totally disabled. MTUS Guidelines 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 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. Treater does not specifically discuss this medication. The patient is prescribed Percocet since at least 02/05/15. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how Percocet significantly improves patient's activities of daily living. Analgesia is also discussed, specifically showing significant pain reduction with use of Percocet. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. Therefore, the request is medically necessary.

Lyrica 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin - Lyrica Page(s): 19-20.

Decision rationale: The patient presents with pain in the low back and bilateral feet along with weakness rated 7-10/10 without and 5-8/10 with medications. The request is for Lyrica 75mg #60. The request for authorization is dated 03/12/15. The patient is status-post 3 lumbar sympathetic blocks, with the last on 03/02/15. Physical examination reveals diffused pain in the lumbar paraspinal musculature, which is readily exacerbated with range of motion. There is decreased range of motion in the left ankle. There is diffused atrophy of the left calf. The patient states that his pain is decreased and his function is improved with the use of these medications and without them, he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication. There are no aberrant drug behaviors. Patient's medications include Alprazolam, Soma, Percocet, Lyrica and Neurontin. Per progress report dated 05/08/15, the patient is temporarily totally disabled. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: Pregabalin - Lyrica, no generic available, has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both. It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." Treater does not specifically discuss this medication. The patient has been prescribed Lyrica since at least 02/05/15. In this case the patient continues with chronic low back and bilateral feet pain. The treater provides general statements regarding how Lyrica is helping the patient's pain and function. Given the patient's continuing symptoms, it would appear reasonable to continue this medication and is supported by MTUS. Therefore, the request is medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in the low back and bilateral feet along with weakness rated 7-10/10 without and 5-8/10 with medications. The request is for Soma 350mg #30. The request for authorization is dated 03/12/15. The patient is status-post 3 lumbar sympathetic blocks, with the last on 03/02/15. Physical examination reveals diffused pain in the lumbar paraspinal musculature, which is readily exacerbated with range of motion. There is decreased range of motion in the left ankle. There is diffused atrophy of the left calf. The patient states that his pain is decreased and his function is improved with the use of these medications and without them, he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication. There are no aberrant drug behaviors. Patient's medications include Alprazolam, Soma, Percocet, Lyrica and Neurontin. Per progress report dated 05/08/15, the patient is temporarily totally disabled. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient has been prescribed Soma since at least 01/13/15. The request for additional Soma quantity 30 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.