

<b>Case Number:</b>	CM15-0095599		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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(n) 45 year old female, who sustained an industrial injury on 10/15/12. She reported pain in her right foot due to falling off a ladder. The injured worker was diagnosed as having complex regional pain syndrome and right closed fracture of the calcaneus. Treatment to date has included physical therapy, a lumbar sympathetic nerve block, physical therapy and a NCS study of the lower extremities. Current medications include Trazodone, Ibuprofen, Gabapentin and Lidocaine 5% patch all since at least 12/11/14. As of the PR2 dated 4/22/15, the injured worker reports right ankle pain. She was seen by her podiatrist, who recommended foot surgery. The treating physician requested to continue Trazodone 50mg #30 x 2 refills, Ibuprofen 800mg #60 x 2 refills, Gabapentin 300mg #180 x 2 refills and Lidocaine 5% patch #60 x 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg #30 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental illness and stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Medications for chronic Page(s): 13-15, 60.

**Decision rationale:** The patient was injured on 10/25/12 and presents with ankle pain. The request is for Trazodone 50 MG #30 2 Refills for nerve pain and insomnia. There is no RFA provided and the patient's work status is not provided. The patient has been taking this medication as early as 10/01/14. Regarding antidepressants, MTUS Guidelines pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and has a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within few days to a week, whereas antidepressant effect takes longer to occur." Trazodone is also used for insomnia, and ODG supports it if insomnia and depression are documented. The patient is diagnosed with complex regional pain syndrome and right closed fracture of the calcaneus. No recent objective findings are provided. The 03/25/14 report states that "the medications continue to decrease patient's pain by >50% and allow patient to maintain current level of function which includes ADLs and HEP. The patient uses these medications appropriately and reports no adverse effects." MTUS page 60 requires documentation of pain assessment, functional changes when medications are used for chronic pain. Although the treater provides general statements indicating that the patient's medications "decrease [her] pain by >50%," there is no discussion provided regarding medication efficacy from Trazodone specifically. Therefore, the requested Trazodone is not medically necessary.

**Ibuprofen 800 mg #60 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient was injured on 10/25/12 and presents with ankle pain. The request is for Ibuprofen 800 MG #60 2 Refills. There is no RFA provided and the patient's work status is not provided. The patient has been taking this medication as early as 10/01/14. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The reason for the request is not provided. The patient is diagnosed with complex regional pain syndrome and right closed fracture of the calcaneus. No recent objective findings are provided. The 03/25/14 report states that "the medications continue to decrease patient's pain by >50% and allow patient to maintain

current level of function which includes ADLs and HEP. The patient uses these medications appropriately and reports no adverse effects." MTUS page 60 requires documentation of pain assessment, functional changes when medications are used for chronic pain. Although the treater provides general statements indicating that the patient's medications "decrease [her] pain by >50%," there is no discussion provided regarding medication efficacy from Ibuprofen specifically. Therefore, the requested Ibuprofen is not medically necessary.

**Gabapentin 300 mg #180 refills 2: Upheld**

**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) Gabapentin Medications for chronic pain Page(s): 18-19, 60.

**Decision rationale:** The patient was injured on 10/25/12 and presents with ankle pain. The request is for Gabapentin 300 MG #180 2 Refills. There is no RFA provided and the patient's work status is not provided. The patient has been taking this medication as early as 10/01/14. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The reason for the request is not provided. The patient is diagnosed with complex regional pain syndrome and right closed fracture of the calcaneus. No recent objective findings are provided. The 03/25/14 report states that "the medications continue to decrease patient's pain by >50% and allow patient to maintain current level of function which includes ADLs and HEP. The patient uses these medications appropriately and reports no adverse effects." MTUS page 60 requires documentation of pain assessment, functional changes when medications are used for chronic pain. Although the treater provides general statements indicating that the patient's medications "decrease [her] pain by >50%," there is no discussion provided regarding medication efficacy from Gabapentin specifically. Therefore, the requested Gabapentin is not medically necessary.

**Lidocaine 5% (7010mg/patch) #60 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

**Decision rationale:** The patient was injured on 10/25/12 and presents with ankle pain. The request is for Lidocaine 5% (7010 Mg/Patch). There is no RFA provided and the patient's work status is not provided. The patient has been taking this medication as early as 10/01/14. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be

recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The reason for the request is not provided. The patient is diagnosed with complex regional pain syndrome and right closed fracture of the calcaneus. No recent objective findings are provided. The 03/25/14 report states that "the medications continue to decrease patient's pain by >50% and allow patient to maintain current level of function which includes ADLs and HEP. The patient uses these medications appropriately and reports no adverse effects." In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidocaine patch 5% is not medically necessary.