MAXIMUS Federal Services

Case Number:	CM13-0013376		
Date Assigned:	12/11/2013	Date of Injury:	12/06/2001
Decision Date:	02/04/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, has a subspecialty in Preventative Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male claimant sustained an injury on 5/1/1989, which resulted in chronic low back pain. He has had spine surgery in 1974 and 1997. Prior treatments included therapy, spinal injections, and TENS units. A progress note on 4/4/2012 indicated the use of Amitriptyline, Butrans patches weekly, Celebrex, and Lidoderm patches for pain. Examination findings showed paraspinal spasms, reduced range of spin motion with a normal sensory and motor exam. Further monthly reports from January 2013 to December 2013, showed that an identical examination and similar treatment plan were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 10mcg, one (1) patch every seven (7) days for three (3) months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The Chronic Pain Guidelines indicate that Buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Known as a

schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor). In this case, there is no indication of chronic opioid addiction or withdrawal. There is also no documentation to support the use of the patches for over a year, or indication that it has provided a direct quantifiable benefit.

Lidoderm 5% patch (700mg/patch), one (1) on twelve (12) hours off, twelve (12) hours for three (3) months #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The Chronic Pain Guidelines indicate that Lidocaine patches are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the neurological examination does not indicate neuropathy. There is no documentation that Amitriptyline (a tri-cyclic) has failed, or does not provide adequate relief. In addition, the prolonged use of the patches without significant change in exam findings does not support its effectiveness.