

Case Number:	CM13-0013434		
Date Assigned:	10/08/2013	Date of Injury:	08/09/2010
Decision Date:	01/10/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/23/2013

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 PM&R, 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 underlying date of injury in this case is 08/09/2010. The primary diagnosis is lumbosacral disc degeneration. A prior physician review notes this patient's history of injury in a motor vehicle accident and the subsequent diagnosis of lumbar disc degeneration and lumbar disc displacement. That review notes the patient's past treatment including physical therapy, pain medication, aquatic therapy, epidural injections, radiofrequency ablation, and use of a cane for ambulation. I reviewed notes that the medications include Neurontin, Relafen, Protonix, Butrans Patch, Flexeril, NovoLog, lisinopril, and simvastatin. This review concluded that the treatment guidelines did not support the necessity of the multiple requested medications. A treating physician note of 06/14/2013 notes the patient reported 40% improvement of pain after a recent radiofrequency ablation, although the patient felt his pain was worse if he turned his body the wrong way. The physician recommended continued use of a Butrans Patch for pain relief, Flexeril for muscle spasms, and venlafaxine to help with depression and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 90 tablets of Flexeril 5mg: 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 Section on Muscle Relaxants for Pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on muscle relaxants for pain, state regarding Flexeril, "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." The medical records do not provide alternate rationale for this medication for chronic use. This request is not medically necessary.

Retrospective request for 60 tablets of Venlafaxine HCL ER 75mg: Overturned

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 Section on Antidepressants for Chronic Pain, Page(s): 13-27.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on antidepressant for chronic pain, page 13 of 127, state, "Recommended as a first line option for neuropathic pain, and has a possibility for non-neuropathic pain...Other recent reviews recommend both tricyclic antidepressants and serotonin norepinephrine reuptake inhibitors (duloxetine and venlafaxine) as first line options... Recommended as a first line option, especially if pain is accompanied by anxiety or depression or insomnia." In this case, the treating physician specifically requested venlafaxine to help with depression and neuropathic pain. The medical records very specifically support venlafaxine as a first-line medication in this situation. This request is medically necessary.

Retrospective request for 8 patches of Burans 20mcg: 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 Section on Opioids/Ongoing Management and section on buprenorphine Page(s): 78, 26.

Decision rationale: FDA-approved labeling for Butrans Patch states this medication is "Indicated for the management of moderate to severe chronic pain in patients requiring continuous, around-the-clock opioid analgesic for an extended period of time." Additionally, I note the Chronic Pain Medical Treatment Guidelines, section on opioid, ongoing management, page 78, recommend "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Additionally, the Chronic Pain Medical Treatment Guidelines, section on buprenorphine, page 26, states, "Recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction." This medication therefore is indicated in very specific situations in patients at high risk of opioid dependence and/or with demonstrated opioid tolerance. The use of this medication would require strict adherence to treatment guidelines regarding the four domains of opioid monitoring. The

medical records do not support this degree of opioid monitoring has been documented. Therefore, the medical records do not support this request. It may be appropriate for the treating physician to submit a request for a taper or to submit a new request clarifying a rationale or indication for this medication. At this time this request is not medically necessary.