

Case Number:	CM13-0025832		
Date Assigned:	03/14/2014	Date of Injury:	09/14/2012
Decision Date:	04/23/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management; has a subspecialty in Interventional Spine 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 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/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:

This patient is a 53-year-old male with date of injury of September 14, 2012. Per treating physician's report of July 22, 2013, the listed diagnoses are lumbar radiculopathy, chronic pain syndrome, chronic pain-related insomnia, facet syndrome, neuropathic pain, chronic pain-related depression, prescription-narcotic dependence. The presenting symptoms are low back pain radiating down the left leg and numbness in the right foot. The patient apparently saw [REDACTED] for second opinion who recommended surgery. The patient's pain level was 2 that day, average 3 to 5; without medications 7/10, with medications 2/10. Recommendation was for the patient to continue medications including BuTrans, Nucynta, Sintralyne-PM, gabapentin, Medrox patch. In addition, recommendation was for urine drug screen. A report dated June 21, 2013 indicates that gabapentin helps with the neuropathic pain, BuTrans controls the patients pain and Nucynta for is used for flare-up. The patient does not feel he is able to work. An August 27, 2013 report discusses the patient's function stating that when he first came to clinic, he was practically crawling, and now with medications, he is somewhat able to function normally. The patient requires pain medication to walk and perform activities of daily living (ADLs).

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MCG, #4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

Decision rationale: This patient presents with chronic low back pain with MRI demonstrating broad-based disk herniation at L4-L5, currently being considered for surgery. The treating physician has asked for Butrans. The California MTUS Guidelines support the use of opiates for chronic pain as long as documentations are provided, such as pain assessment and function. Review of the report showed that BuTrans was started on April 08, 2013. Careful review showed that the patient's pain level was 10/10 without medications on April 08, 2013 reducing to 4/10. The treating physician also provides additional information on August 27, 2013 indicating that the patient is staying active with activities of daily living, willing to return to work once he gets the surgery and that without medications, he is barely able to crawl. The medications have allowed him to function somewhat normally. In this case, the treating physician provides adequate documentation that BuTrans has been helpful. Review of the reports shows that the patient's worst pain went from 10/10 to a 7/10, and with medications, it is dropping down to about 2/10, and the patient is able to function close to normally. Recommendation is for authorization.

NUCYNTA 75MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain with MRI demonstrating broad-based disk herniation at L4-L5. The treater has asked for continued use of Nucynta. The California MTUS Guidelines requires documentation of each medication for its efficacy and documentation of pain and function as it relates to the medication efficacy. Furthermore, for chronic opiate use, a variety of different documentations are required including the 4A's (analgesia, adverse effect, ADLs, adverse behavior). Careful review of the medical records shows that while the patient was on Nucynta, he is fairly busy and weak with pain going from 10/10 to 4/10. When the patient was added BuTrans with Nucynta being taken on as needed basis, the patient's pain level went from 7/10 without medications down to 2/10 for significant improvement. Furthermore, treating physicians report of August 27, 2013 documents the patient's increased functional level, being able to handle activities of daily living and also being able to function normally. However, the treating physicians indicates that Nucynta is being used on as needed basis. Unfortunately, he does not mention how many of the Nucynta the patient is taking and with what benefit. In this case, it is clear that when the medication was switched to BuTrans and started on gabapentin, the patient started doing much better with improvements in pain assessment. There is no evidence that Nucynta itself has resulted in functional improvement and a decrease in pain level. Therefore, recommendation is for non-certification.

SINTRALYNE PM, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: This patient presents with chronic low back pain. The treating physicians has been prescribing Sintralayne-PM for this patient's insomnia and sleep. Sintralayne-PM contains melatonin and gamma-aminobutyric acid along with some herbal content. The California MTUS and ACOEM Guidelines do not discuss this compound, but the Official Disability Guidelines state under gamma-aminobutyric acid, "This supplement is indicated for epilepsy, spasticity, and tardive dyskinesia. There is no high-quality peer review of the literature that suggests that GABA is indicated for treatment of insomnia." However, reports reviewed do not provide any discussion regarding the effectiveness of this combination medication. Given the lack of guideline support for the use of GABA for insomnia or pain conditions, recommendation is for non-certification.

MEDROX PATCH, #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: This patient presents with chronic low back pain with MRI demonstrating broad-based disk herniation at L4-L5. The treating physician has been prescribing Medrox patch. Medrox patch contains salicylate, capsaicin, and lidocaine. The California MTUS Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the components is not recommended, then entire component is not recommended. Medrox patch contains salicylate, which is a topical NSAID. Topical NSAID is indicated for peripheral arthritic and tendinitis pain. This patient does not present with peripheral joint arthritis or tendinitis but struggles with chronic low back pain. Furthermore, Medrox contains capsaicin at 0.0375%. The California MTUS Guidelines support capsaicin cream at a concentration of 0.0275% and no higher than that. Given that both capsaicin and salicylate topical product is not recommended per Guidelines, recommendation is for non-certification.