

Case Number:	CM13-0033679		
Date Assigned:	12/06/2013	Date of Injury:	02/23/1997
Decision Date:	03/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of February 23, 1997. A utilization review determination dated September 27, 2013 recommends noncertification of compound cream, buprenorphine, and right-sided transforaminal epidural L3-4. A note dated July 11, 2012 indicates that the patient is using Butrans 10 µg. A note dated November 19, 2013 indicates that a right L3-4 transforaminal epidural injection was performed. A progress report dated November 12, 2013 identifies that the patient continues to have mid back pain and low back pain. Norco caused less side effects and better pain control with ongoing low back pain with right radiculopathy in an L3-4 distribution. The note indicates that the patient previously underwent a right transforaminal epidural steroid injection at L3-4 with 80% reduction of pain for 6-7 weeks and then pain gradually returned. Patient reports that he was able to stand longer, ride his motorcycle and position on/off with less pain and difficulty after receiving injection. Physical examination identifies antalgic gait, there is no sensory or motor examination performed. Diagnoses include failed back surgery syndrome, lumbosacral radiculitis, and meralgia paresthetica. Current treatment plan recommends discontinuing buprenorphine and Celebrex, start Norco, continue Lyrica, continue amitriptyline, continue compound cream, and continue soma. Additionally, repeat right transforaminal epidural steroid injection at L3-4 is recommended. A progress report dated October 28, 2013 indicates that the patient has 60 to 70% reduction in pain with the compound cream. He states that his pain is 7/10 on average. The note indicates that the patient is using buprenorphine sublingual tablet 8 mg for pain relief, and indicate that the patient achieves 61-70% reduction in discomfort. The patient has no signs of aberrant behavior, has some fatigue and somnolence, and the medication improves the patient's sleep and energy level. A CT myelogram dated August 20, 2013 identifies patent neural foramina at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream (Dispensed 9/18/13) (Ketamine 10% Keto 5% Tram 5% Bac2% Gaba 10% BUPI 2%) QTY 4 Grams: 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): 111-113.

Decision rationale: Regarding request for a topical compound, the requested topical compound is a combination of ketamine, ketoprofen, bupivacaine, gabapentin, baclofen, and ultram. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of topical bupivacaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Guidelines do not support the use of topical Tramadol, Baclofen, or Gabapentins' within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical Bupivacaine. Finally, guidelines do not support the use of topical tramadol, baclofen, or gabapentin. In the absence of clarity regarding those issues, the currently requested topical compound is not medically necessary.

Buprenorphine SL tablet, 8mg # 120 (Dispensed 9/19/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 79-81.

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

Decision rationale: Regarding the request for Suboxone, Chronic Pain Medical Treatment Guidelines state that buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Within the documentation available for review, there is no indication that the patient has been treated for addiction or has been detoxed from opiate pain medication. Additionally, there is no indication that the patient has received any significant objective

functional improvement as a result of the use of Suboxone. The requesting physician indicates that the patient's pain is reduced by 61-70%, but states that the patient's pain score is an average of 7/10. It is therefore, unclear exactly how much pain reduction is achieved with Suboxone therapy. In the absence of clarity regarding those issues, we currently requested Suboxone is not medically necessary.

Right Side Transforaminal Epidural Steroid Injection, L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: Regarding the request for repeat lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested repeat lumbar epidural steroid injection at tight L3-4 is not medically necessary.