

Case Number:	CM13-0036278		
Date Assigned:	12/13/2013	Date of Injury:	02/11/2011
Decision Date:	02/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/18/2013

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 55 year old man who sustained a work related injury on February 11 2011. According to a note dated August 23 2013, the patient reported a chronic back pain exacerbated by prolonged sitting and lifting. Physical examination showed reduced lumbar range of motion, tenderness in the lumbar paraspinal muscles bilaterally, positive lumbar facet maneuvers, positive bilateral Gaenslen's and Patrick's test. The provider is requesting authorization to use the following medications: Butrans Patch 20mg #4, Soma 350mg #30 and Nucynta 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20mg, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation ODG (Pain Chapter); and the FDA (Butrans)

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

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Butrans is recommended to treat opiate addiction. There is no evidence or documentation of addiction to opioids. Furthermore, there is no evidence for the need of more opioid use that may expose the

patient to the risk of addiction. Therefore, the prescription for Butrans Patch 20mg, #4, is not medically necessary and appropriate.

Soma 350mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation FDA (Carisoprodol)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Section Page(s): 29.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long term use. It is prescribed for muscle relaxation. There is no clear report of muscle spasm in the patients file. Therefore, Soma 350mg, # 30, is not medically necessary and appropriate.

Nucynta 50mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Section Page(s): 78-79.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions. There is clear evidence and documentation from the patients file, of an increased need of opioids. Furthermore, the patient developed an allergic reaction (pruritus) with a previous use of Nucynta. Therefore the prescription of Nucynta 50mg, #30, is not medically necessary and appropriate.