

Case Number:	CM13-0062147		
Date Assigned:	12/30/2013	Date of Injury:	01/23/1996
Decision Date:	11/14/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/06/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 76 year-old with a date of injury of 01/23/96. A progress report associated with the request for services, dated 05/29/13, identified subjective complaints of low back and neck pain. Objective findings included tenderness to palpation of the lumbar spine with decreased range of motion. There was also decreased range of motion of the cervical spine. Diagnoses (paraphrased) included cervical and lumbar post laminectomy syndrome; and lumbar radiculopathy. Treatment had included lumbar epidural injections as well as the requested medications. A Utilization Review determination was rendered on 07/31/13 recommending non-certification of "butalbital compound w/codeine 30-50-325-40mg #120 (5 refills); Butrans patch #4 (5 refills); and carisprodol 350 mg #60 (5 refills)".

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTALBITAL COMPOUND W/CODINE 30-50-325-40MG #120 (5 REFILLS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Barbiturate-Containing Analgesic Agents Page(s): 23.

Decision rationale: Esgic is a combination of acetaminophen, caffeine, and butalbital. The Medical Treatment Utilization Schedule (MTUS) states that barbiturate-containing analgesics (BCAs) are not recommended for chronic pain. There is no evidence that the barbiturate constituents of BCAs enhance their analgesic efficacy. Also, there is a high potential for drug dependence with these agents. Therefore, the medical record does not document the medical necessity for Esgic. Therefore the request is not medically necessary.

BUTRANS PATCH #4 (5 REFILLS): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation (ODG) Pain, Opioids for Chronic Pain; Buprenorphine for Chronic Pain

Decision rationale: Butrans (Buprenorphine) is an opioid analgesic being delivered transcutaneously. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy might benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Related to Buprenorphine, they state that it is not first-line therapy for all patients. Suggested populations include:- Patients with a hyperanalgesic component to pain.- Patient with centrally mediated pain.- Patients with neuropathic pain.- Patients at high-risk of non-adherence with standard opioid maintenance.- Patients who have previously been detoxified from other high-dose opioids. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Additionally, the record does not document what criteria are met for the use of Buprenorphine in this case. Therefore, the record does not demonstrate medical necessity for Butrans. The request is not medically necessary.

CARISOPRODOL 350 MG #60 (5 REFILLS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxants Page(s): 29,63-66.

Decision rationale: Soma (Carisoprodol) is a centrally acting antispasmodic muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The Medical Treatment Utilization Schedule states that Carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, tramadol, and hydrocodone. It is associated withdrawal symptoms and is abused for the above mentioned effects. Therefore, there is no documented medical necessity for Soma. Therefore the request is not medically necessary.