

Case Number:	CM13-0067029		
Date Assigned:	01/03/2014	Date of Injury:	09/18/2004
Decision Date:	04/09/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Emergency 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 sustained an injury on 09/18/2004. Mechanism of injury mentions a crush injury to foot and ankle from a motor vehicle collision. Diagnosis of L foot and ankle post crush injury with complex regional pain syndrome, post ganglion block of foot, history of thoracolumbar spinal cord stimulator and insomnia from chronic pain and adjustment disorder. Multiple medical reports reviewed from primary treating physician and consultants. Last report available until 11/27/13. The patient reports L foot pain. Pain is 8/10 with medications. Pain is aching, burning, pulling sharp and pins and needles. Pain worsens with movement. Pain worsened since spinal cord stimulator is having problems and needs reprogramming. Objective findings reveal strength in lower extremity was low normal. Tenderness to plantar aspect of L foot extending from proximal 1st toe to mid arch and base of 3rd metatarsal. L4 and L5 dermatomal region has decreased light touch. Urine drug tests have been appropriate. Utilization review is for prescription for Butrans 20mcg/hr #4 with 3 refills, Cymbalta 50mg #30 with 3 refills, Lunesta 3mg #30 with 3 refills, inderal 20mg with 3 refills, Lyrica 50mg #120 with 3 refills, Naprosyn 550mg #60 with 3refills, Omeprazole 20mg #30 with 3 refills, wellbutrin 100mg #90 with 3 refills, 1 Hg A1c lab test and urine drug screen lab test. The patient is currently on all requested medications including norco. Last Utilization review on 12/11/13 recommended modification of prescription for butrans, cymbalta, lunist, lyrics and naprosyn and non-certified inderal, omeprazole, wellbutrin and lab tests for Hgb A1c and Urine drug screen. UR certified prescription for norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Butrans 20mcg/hr #4 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. The patient is currently part of a drug monitoring program with urine drug testing and appropriate documentation of appropriate as per guidelines in the Opioid section of the MTUS. However, Butrans in combination with 2 other medications patient is currently on, namely Cymbalta and Wellbutrin, increases the risk of seizures. While the use of Butrans is appropriate for patient's pain, the excessive number of refills with lack of monitoring on a medication with potential serious side effects along with long term consistent monitoring of opioid use as per Opioid section of MTUS which recommends more consistent visits and exam with treating physician is not medically appropriate. The prescription of Butrans with 3 refills is not medically recommended.

1 Prescription of Cymbalta 50mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine(Cymbalta) Page(s): 43-44.

Decision rationale: Cymbalta(Duloxetine) is an antidepressant. As per MTUS Chronic pain guidelines it is recommended for neuropathic pain. However, Cymbalta in combination with 2 other medications. The patient is currently on, namely butrans and Wellbutrin, increases the risk of seizures. While the use of Cymbalta is appropriate for patient's neuropathic pain, the excessive number of refills with lack of monitoring on a medication with potential serious side effects is not medically appropriate. The prescription of Cymbalta with 3 refills is not medically appropriate.

1 Prescription of Lunesta 3mg #30 with 3 refills: Upheld

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

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

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Lunesta/eszopiclone is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. The patient has been on lunesta chronically at least since 1/2013. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The patient's sleep problem is noted to be due to pain which should be the primary target for treatment to improve his sleep. The current large number of prescription for lunesta/eszopiclone with 3 refills is excessive and not medically appropriate.

1 Prescription of Inderal 20mg #30 with 3 refills: 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) Diabetes (type 1,2 and gestational, Hypertension treatment.

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Inderal/Propranolol is a beta-blocker and is used as an anti-arrhythmic and antihypertensive. As per ODG, propranolol may be considered a 1st line treatment for hypertension. However, the patient has no documentation of hypertension nor the patient's injuries and current medication regiment for his injury are not related to hypertension. The prescription for inderal is not medically indicated and not related to his injury.

1 Prescription of Lyrica 50mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin(Lyrica) Page(s): 19-20.

Decision rationale: Pregabalin/Lyrica is an anti-epileptic medication. As per MTUS chronic pain guidelines, it is recommended in the treatment of diabetic neuropathy and post-herpetic neuralgia pain. It is considered a Scheduled V controlled substance due to euphoria. There is no noted indication for treatment in any other pain conditions as per MTUS or ODG. The patient does not have diabetic neuropathy or post-herpetic neuralgia. The patient has some subjective claims of improvement in pain but it is impossible to claim that it is due to Lyrica due multiple other medications and is on and other confounding factors. The Patient does not meet any indication for use of Lyrica. Lyrica is not medically indicated.

Naprosyn Sodium 550mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S Page(s): 67.

Decision rationale: Naproxen is an NSAID(Non-steroidal anti inflammatory). The patient is also already on this medication. Data from MTUS recommends NSAIDs for chronic pains with caution due to side effects. The patient has been on NSAIDs chronically and is reportedly to improve pain and activities of daily function. There are no reported side effects. Its use is appropriate and recommended.

Omeprazole 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S, GI symptoms and cardiovascular risks Page(s): 6.

Decision rationale: Prilosec/omeprazole is a proton-pump inhibitor(PPI) used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, Proton pump inhibitors (PPI's) may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The patient meets no criteria that put him in high risk for Gastrointestinal (GI) bleeds. The patient has no documented dyspepsia. The use of omeprazole is not medically indicated.

1 Prescription of Wellbutrin 100mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

Decision rationale: Bupropion/wellbutrin is a second generation non-tricyclic antidepressant. As per MTUS Chronic pain guidelines. It is effective in the treatment of neuropathic pain. However, wellbutrin in combination with 2 other medications the patient is currently on, namely butrans and cymbalta increases the risk of seizures. While the use of wellbutrin is appropriate for patient's neuropathic pain, the number of refills with lack of monitoring on a medication with

potential serious side effects is not medically appropriate. The prescription of wellbutrin with 3 refills is not medically appropriate.

1 HGA 1c Lab: 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), Diabetes (type 1, 2 and gestational), Glucose monitoring.

Decision rationale: Hgb A1c is a testing method to monitor long term control of diabetes. As per ODG, it is appropriate for use in monitoring long term glycemic control in patients with diabetes. However, the patient has no documentation of diagnosis of diabetes or any family history of diabetes noted. There is no documentation of high blood sugar. None of the medications patient is on increases risk of diabetes. With the provided documentation, the testing of Hgb A1c is not medically appropriate.

1 Urine Drug Screen: 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 Drug Testing Page(s): 43.

Decision rationale: As per MTUS Chronic Pain Management guidelines, drug testing is recommended as an option to monitor chronic opioid use for illegal drug use and for long term monitoring in chronic pain management. Primary treating physician's documents the urine drug screen as part of drug abuse screening and monitoring program. Urine drug screen is medical appropriate.