

Case Number:	CM13-0071516		
Date Assigned:	01/08/2014	Date of Injury:	08/05/2010
Decision Date:	10/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/27/2013

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 Anesthesiology, has a subspecialty in Pain 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 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:

61y/o male injured worker with date of injury 8/5/10 with related forehead pain, cervical pain, and cervical neuropathy. He rated his pain 9/10 in intensity. He described his pain as constant that can increase to a sharp pain that is shoots down the right arm. Per physical exam, deep palpation of the trapezius and levator scapulae muscles elicited significant spasm and twitching of the muscle bellies. There was also significant point-tenderness at various points along the muscles as well as the deep cervical fascia. Extension caused facet-loading pain, and palpation of the cervical facets also elicited facet tenderness. Treatment to date has included home exercise, aqua therapy, and medication management. The date of UR decision was 12/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 200mcg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 47.

Decision rationale: Subsys is a sublingual spray formulation of fentanyl. Per MTUS CPMTG, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are

less likely to produce adverse effects than stronger opioids such as fentanyl. The MTUS is silent on the use of sublingual fentanyl, however, fentanyl buccal tablets are not recommended for musculoskeletal pain, and are currently approved for the treatment of breakthrough pain in certain cancer patients. As the MTUS does not recommend fentanyl for musculoskeletal pain, the request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was documented that the injured worker's pain was rated 9/10 even while on medications. The ongoing use of this medication is not supported considering its lack of efficacy. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Butrans 20mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): 26-27, 78.

Decision rationale: With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate

addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor)."Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals no documentation to support the medical necessity of Butrans nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was documented that the injured worker's pain was rated 9/10 even while on medications. The ongoing use of this medication is not supported considering its lack of efficacy. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.