

Case Number:	CM14-0001871		
Date Assigned:	01/22/2014	Date of Injury:	06/08/1994
Decision Date:	06/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine and Rehabilitation, 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:

This is a 69-year-old female patient sustained a remote industrial injury on 06/08/1994. Diagnoses include low back pain, disc disorder of the lumbar, chronic pain syndrome. Previous treatment has included medications, (TENS) transcutaneous electrical nerve stimulation, heat/ice, a home exercise. A previous utilization review on 12/17/13 non-certified Trazodone, as it was noted this was being prescribed for sleep and there was no documentation of failed trials of guidelines supported medications they can be taken for greater than 30 days for sleep disturbance, such as Lunesta. Lidoderm 5% patch was non-certified, lacking documentation of neuropathic pain symptoms, physical examination findings indicative of radiculopathy, or failed first-line therapy. There is no documented functional improvement from the use of this topical agent. Butrans 5cmg patch was non-certified, as this medication is indicated for the treatment of opiate addiction and is also recommended as an option for chronic pain, especially after detoxification in patients with a history of opiate addiction. There was no documentation of failed trials of first-line treatments or history of opiate addiction. Progress note dated November 11, 2013, the patient complained of neck pain, upper and mid back pain, bilateral shoulder pain, bilateral elbow pain, and bilateral wrist pain rated at 7/10. Quality of sleep was poor, averaging 4 hours per night. Current medications included Effexor XR, Hydrochlorothiazide, Trazodone, Lidoderm 5% patch, and Butrans 5 mcg/hr patch. Physical examination revealed no limitations to movement. Strength was 5/5 in all muscle groups and sensation was intact. Reflexes were symmetrical in the upper and lower extremities bilaterally. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 5MCG QTY:4.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief provided, such as VAS scores, and no indication of significant functional benefit or return to work. Butrans is indicated for the treatment of opioid addiction, and is also used to treat chronic pain with first line agents have failed or when there is a history of opiate addiction. Subjective and objective benefit is not described in the records provided, and there is no documentation of history of opiate addiction to support the use of Butrans or failed first line agents. Butrans 5mcg/hr patch is not medically necessary.

TRAZADONE 50MG QTY:30.00: 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 Antidepressants For Chronic Pain Page(s): 13-16.

Decision rationale: Utilization of antidepressants are endorsed by Chronic Pain Medical Treatment Guidelines criteria as a treatment option for chronic pain, particularly that which is neuropathic in nature. In the current clinical context, documentation identifies a prescription of these medications, but does not identify that there has been significant functional benefit that would support ongoing use. It was noted the patient has been prescribed Trazodone to help with sleep; however, the patient continues to report poor sleep, averaging 4 hours per night. As such, Trazodone 50mg #30 is not medically necessary.

LIDODERM 5% PATCH QTY:30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 56,57-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Chronic Pain Medical on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. There is no indication of intolerance to oral medications. There is further no indication that use of Lidoderm patch has resulted in reduced pain or functional improvement. Lidoderm 5% patch is not medically necessary.