

Case Number:	CM14-0006075		
Date Assigned:	03/03/2014	Date of Injury:	06/01/2011
Decision Date:	07/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational 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 33 year-old male with a June 1, 2011 date of injury. He sustained repetitive injury to his right upper extremity from work activity over two years ago. Objective findings include evolution of pain to his right neck, arm, throughout the right upper extreme and scapular region that has been unrelenting and has not responded to physical therapy or medications. Diagnostic Impression: Complex regional pain syndrome type I, probable fibromyalgia syndrome, myofascial pain, opioid tolerance and dependence. Treatment to date: Stellate ganglion blocks, medication management, activity modification. A UR decision dated 12/16/13 modified the request for Butrans from 4 patches to approve 2 patches. The request was not deemed medically necessary because this medication is not a first line option for time released analgesia. This medication is recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case there is no history of opiate addiction in the record review to support the need for this medication at this time. A UR decision dated 12/16/13 modified the request for Lyrica 75 mg for 90 tablets to approve 60 tablets. The request was not deemed medically necessary because the patient is already maintained on Gralise, which is a timed release antiepileptic medication. Use of this medication in conjunction with Gralise would be duplicative in nature and is not recommended. A supply of 60 tablets to enable the provider to taper this medication and prevent withdrawal is recommended as the use of 2 antiseizure medications is not supported. A UR decision dated 12/16/13 for Xanax 1 mg was modified from 90 tablets to 60 tablets, as the guidelines indicate Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 60 tablets would enable the provider to wean the patient off this medication and prevent withdrawal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MG 4: Overturned

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 9792.24.2 Page(s): 26-27.

Decision rationale: CA MTUS recommends Butrans for the treatment of opiate addiction and as an option for chronic pain, especially after detoxification. The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. In the progress note dated 12/10/2013 the patient has been prescribed Butrans for the purpose of weaning off Percocet. The patient has been showing signs of withdrawal when he is not taking the Percocet. In addition he has shown misuse of the Percocet. His wife is concerned about the intake of his Percocet and that he is taking Percocet more out of restlessness and anxiety than he is due to pain. The guidelines support the use of Butrans patches in this setting. Therefore, the request for Butrans 10 mg 4 was medically necessary.

XANAX 1MG 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In a progress note dated 12/10/13 the patient is taking Xanax to help calm him down and helps him resist taking another Percocet. The patient has been on Xanax for more than 4 weeks, which guidelines do not support. Therefore, the request for Xanax 1mg 90 was not medically necessary.

LYRICA 75MG 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or
Medical Evidence: FDA (Lyrica).

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. The FDA approves pregabalin as the first approved treatment for fibromyalgia. The patient was diagnosed with fibromyalgia and complex regional pain syndrome. Therefore, the request is medically necessary.