

Case Number:	CM14-0008535		
Date Assigned:	02/12/2014	Date of Injury:	11/01/2000
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/22/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

The injured worker is a 72 year old male injured on 11/01/00 due to undisclosed mechanism of injury. Current diagnoses included failed back surgery syndrome, lumbar radiculopathy, status post lumbar fusion, anxiety, iatrogenic opioid dependency, chronic pain, failed spinal cord stimulator, and status post right knee surgery. Clinical note dated 12/23/13 indicated the injured worker presented with complaints of low back pain radiating to bilateral lower extremities rated at 8/10 with the use of medications and 9/10 without. The injured worker indicated the pain increased with activity and walking. Physical examination revealed antalgic gait and utilizing of cane to ambulate, tenderness to palpation at L4-S1 with moderately limited range of motion in the lumbar spine. The injured worker developed opiate tolerance due to long term opiate use. Butrans caused a rash but was helpful with pain management. Medications included Senokot 8.6-60mg twice daily, Norco 10-325mg every 6 hours, doxepin 20mg every evening, Butrans 20mcg/hour every seven days, Gabapentin 800mg twice daily, and Lyrica 75mg once daily. Prior treatments included surgical intervention, home exercise program, and medication management. The initial request for Butrans 20mcg patch #4 no refill, Gabapentin 800mg #60 one refill, Lyrica 75mg #30 no refill, Norco 10-325mg #120 no refill, and Tegaderm 4x4 was initially non-certified on 01/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 20MCG PATCH #4 ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BUPRENORPHINE, 26

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20; OPIOIDS, CRITERIA FOR USE, 77

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The injured worker reported elevated pain scores with the use of opioid medications indicating a lack of efficacy. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Butrans 20mcg Patch #4 One Refill is not medically necessary.

GABAPENTIN 800MG #60 ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS (AEDs), 16

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20; GABAPENTIN (NEURONTIN®), 49

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin 800mg #60, one refill is not medically necessary.

LYRICA 75MG #30 ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS (AEDs), 16

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PREGABALIN (LYRICA®), 99

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica®) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also

approved to treat fibromyalgia. There is no indication in the documentation that the injured worker has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. Additionally, there is no indication of reassessment of the benefit associated with the use of Lyrica. As such, the request for Lyrica 75mg #30 one refill is not medically necessary.

NORCO 10/325MG #120 ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 75-78

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The injured worker reported elevated pain scores with the use of opioid medications indicating a lack of efficacy. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg #120 One Refill is not medically necessary.

TEGADERM 4X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004,, CHAPTER 5, 79

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Knee & Leg (Acute & Chronic), Durable Medical Equipment (DME).

Decision rationale: Based on review of the medical records provided, the request for Tegaderm 4x4 is not supported as medically necessary. There is no discussion in the documentation regarding the initiation or medical necessity of the requested item. Additionally, the number of tegaderms was not specified in the request. Moreover, tegaderms are readily available as an over-the-counter item that can be purchased if required. As such, the request for Tegaderm 4x4 is not medically necessary.