

Case Number:	CM14-0013240		
Date Assigned:	02/26/2014	Date of Injury:	05/17/2010
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopaedic Surgery 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 32-year-old male warehouse worker sustained an industrial injury due to cumulative trauma, date of injury 5/7/10. Injuries involved the spine and upper extremity complaints. He underwent anterior cervical discectomy and fusion at C5/6 on 5/9/11. Records document a history of substance abuse and post-traumatic stress disorder. The 12/31/13 orthopedic progress report cited subjective complaints of on-going neck pain and increased muscle spasms. He was taking 2-3 Norco a day with 2 Soma daily to help alleviate the pain. Norco has become less effective in alleviating pain. Physical exam findings documented moderate loss of cervical range of motion, symmetrical upper extremity deep tendon reflexes, normal upper extremity motor function, and diffusely decreased right upper extremity sensation. The diagnoses were headaches, left shoulder tendinitis, lumbosacral strain, and status post cervical fusion C5/6. Medications were prescribed to include Norco 10/325 mg #90, Soma 350 mg #30, Butrans patch 10 mcg #4, and Sumatriptan 100 mg #30, all with 2 refills each. The 1/16/14 utilization review partially certified Norco 10/325 mg to #30 pills for weaning purposes, Butrans 10 mcg to #4 for weaning purposes, and Soma 350 mg #30 for tapering over two months. The request for Sumatriptan was denied. The 12/19/13 pain management report indicated that the patient was being seen for constant grade 6-7/19 neck pain, intermittent right arm pain and numbness, frequent severe headaches 2 to 3 times per week that last up to 1 to 2 days associated with nausea and vomiting, and frequent mild to moderate headaches. Pain frequently woke him up. Physical exam findings documented normal deep tendon reflexes, motor function and sensory perception. The diagnosis was status post C5/6 fusion with chronic headaches superimposed on migraine headaches. The treatment plan prescribed Topamax 50 mg #60, Elavil 50 mg #30, and Imitrex 100 mg #30, all with one refill. He was to continue his pain medications with the orthopedist.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS PATCH 10 MCG #4 WITH TWO REFILLS: Upheld

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

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), Butrans patches

Decision rationale: Under consideration is a request for Butrans patch 10 mcg #4 with two refills. The California MTUS guidelines do not make recommendations relative to the use of Butrans patches. The Official Disability Guidelines recommend Butrans patches as an option for treatment of chronic pain in selected patients (not first-line for all patients) including patients with a hyperalgesic component to pain, patients with centrally mediated pain, patients with neuropathic pain, patients at high-risk of non-adherence with standard opioid maintenance, and for analgesia in patients who have previously been detoxified from other high-dose opioids. Guideline criteria have not been met. There is no documentation in the current progress reports that the patient is using these patches or that there is subjective, objective or functional improvement with use. The 1/16/14 utilization review allowed a one month prescription of this medication for weaning purposes. There is no compelling reason to support the medical necessity beyond the medication quantity certified. Therefore, this request for Butrans patch 10 mcg #4 with two refills is not medically necessary.

NORCO 10/325 MG #90 WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 76-91.

Decision rationale: Under consideration is a request for Norco 10/325 mg #90 with two refills. The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met for continued use. The provider has indicated that Norco has become less effective at alleviating pain, there is no documentation of overall improvement in function. Records indicate prior recommendations for weaning. The 1/16/14 utilization review recommended partial certification of Norco 10/325 mg #30 for

weaning purposes. There is no compelling reason to support the medically necessary beyond the medication quantity certified. Therefore, this request for Norco 10/325 mg #90 with two refills is not medically necessary.

SOMA 350 MG #30 WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64-66.

Decision rationale: Under consideration is a request for Soma 350 mg #30 with 2 refills. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend the use of Soma and state that it is not indicated for long term use. In general, guidelines recommend the use of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guidelines recommend tapering of this medication individualized for each patient. Guideline criteria have not been met for continued use. This medication has been used since at least July 2013 with no documentation of specific benefit. Weaning of this medication has been recommended in prior utilization reviews. The 1/16/14 utilization review partially certified Soma 350 mg #30 for tapering over a two month period. There is no compelling reason to support the medical necessity beyond the medication quantity certified. Therefore, this request for Soma 350 mg #30 with two refills is not medically necessary.

SUMATRIPTAN 100 MG #30 WITH TWO REFILLS: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Triptans

Decision rationale: Under consideration is a request for Sumatriptan 100 mg #30 with two refills. The California Medical Treatment Utilization Schedule (MTUS) does not make recommendations relative to triptans, such as Sumatriptan. The Official Disability Guidelines recommend the use of triptans for migraine sufferers, noting that all oral triptans are effective and well-tolerated. Guideline criteria have not been met. Records indicate that triptans are also being prescribed by the pain management physician with clear headache indications. The 1/16/14 utilization review denied this medication for absence of documented medical necessity. Given that this medication is being prescribed and managed by the pain management physician, this prescription is duplicative. Therefore, this request for Sumatriptan 100 mg #30 with two refills is not medically necessary.