

Case Number:	CM14-0015110		
Date Assigned:	03/03/2014	Date of Injury:	08/12/1999
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 male Foreman sustained an injury on 8/12/1999 while employed by [REDACTED]. Request(s) under consideration include Butrans 10mcg, NucyntA 75mg #180, and Zanaflex 2mg #90. Report of 4/13/13 from the provider noted patient with back pain controlled by medications; however has had 10+ pain level when patch came off; with medications his pain is rated at 3-7/10. Chronic low back pain has left numbness. Exam showed patient ambulating with non-antalgic gait; functional range of motion; 5/5 motor strength in lower extremities; lumbar flex/ext of 80/10 degrees; diffuse decreased sensation in bilateral side (no dermatome identified); and tenderness at spinous process. Diagnoses included lumbosacral degenerative disc; cervical intervertebral degenerative disc; and unspecified disorder of muscle ligament. Medications list Duragesic, Lunesta, Nucynta, and Senokot. The patient is to "remain off work until 1 year." Report of 11/12/13 from the provider/N.P. noted continued chronic low back pain rated at 5-8/10. Exam was unchanged with functional limited lumbar ROM, non-antalgic gait; 5/5 strength in upper and lower extremities. Diagnoses remained unchanged with refills of medications and the patient to remain off work until 1 year. Request(s) for Butrans 10mcg, Nucynta 75mg #180, and Zanaflex 2mg #90 were non-certified on 1/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MCG: 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, ,

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, BUPRENORPHINE HCL,, 26-27

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. BuTrans has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms for this chronic injury of 1999. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this injury. Medical necessity for continued treatment has not been established for Butrans patch. Therefore the request for Butrans 10mcg is not medically necessary and appropriate.

NUCYNTA 75MG #180: 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, ,

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 , OPOIDS, 74-96

Decision rationale: non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Nucynta 75mg #180 is not medically necessary and appropriate.

ZANAFLEX 2MG #90: 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, ,

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, MUSCLE RELAXANTS, 128

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, do not recommend long-term use of this muscle relaxant for this chronic injury of 1999. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Zanaflex 2mg #90 is not medically necessary and appropriate.