

Case Number:	CM14-0127676		
Date Assigned:	08/15/2014	Date of Injury:	09/13/2005
Decision Date:	09/25/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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 is a 49-year-old gentleman with a date of injury of 9/13/05. The mechanism of injury is noted by a panel QME to be due to cumulative trauma. The patient has chronic symptoms with diagnoses that include lumbar disc herniation with back pain/radicular pain, left shoulder adhesive capsulitis and multilevel cervical disc protrusion. The patient has had extensive treatment to date, including therapy, medications, and epidural injection. A panel QME on 8/14/13 deemed that the patient has reached maximal medical improvement and is permanent and stationary. Panel QME recommendations for future medical care include epidural injection for the cervical spine, a functional restoration program for the left shoulder, and unspecified treatment for the lumbar spine reportedly addressed in previous QME report. The QME notes that Butrans and Norco have been prescribed together, and he recommends that one or the other be used, but not both concurrently. The patient continues to receive chronic care from a pain specialist. Submitted reports from this doctor indicate that the patient has ongoing severe pain that is constant and radiates to the left upper extremity. He is on multiple medications, including Neurontin, Celebrex, Norco, Ambien and Butrans. Reports prior to the UR decision in dispute do not discuss sleep issues. None of the reports discuss UDS findings, CURES, or a pain contract. The patient has not worked for quite some time. A request for multiple medications was submitted to Utilization Review on 8/05/14. Modified authorization of Norco 10/325 mg TID #90 was approved. Modified authorization of Gabapentin 600 mg BID #60 with refills x 5 was modified to refills x 2. Butrans, Celebrex and Ambien was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective-Butrans Patch 20mcg/Hr, #4, 5 Refills (Prescribed 6-11-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids Page(s): 26-27; 74-96.

Decision rationale: Buprenorphine is an option for patients with opioid dependence, and is an option for chronic pain. It is a schedule II controlled substance. Butrans is a patch form of Buprenorphine, and is indicated for severe chronic pain, where a continuous, around-the-clock opioid analgesic is needed for an extended period of time. It is not indicated for use as an as-needed (PRN) analgesic. With regards to use of chronic opioids, guidelines generally do not recommend chronic opioid pain medications for chronic non-malignant pain. If it is done, there should be evidence of monitoring (such as UDS), a pain contract and evidence of retained function at work. In this case, the patient has chronic non-malignant pain, with none of the reports reflecting UDS, a pain contract or evidence of retained work function. It was noted that there was no significant improvement in pain or function while on Butrans and Norco to substantiate continued use, and prior UR decisions allowed for modified amounts for the purpose of weaning off. A panel QME was conducted, and recommendations were to discontinue Butrans if Norco was being used. When referred to Utilization Review, the UR physician recommended that Butrans be discontinued, however, that continued Norco be used during the weaning process. After Butrans was weaned off, then Norco would be weaned. Given the prior UR determinations of modified amounts to wean Butrans, I would agree with the 8/05/14 UR decision to not recommend further Butrans, with continued Norco until Butrans was weaned off. In addition, I do not see clear necessity for 5 refills. Medical necessity for Retrospective-Butrans Patch 20mcg/Hr, #4, 5 Refills (Prescribed 6-11-14) was not established.

Retrospective-Gabapentin 600mg, Po Bid, #60, 5 Refills (Prescribed 6-11-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Antiepileptic drugs (AEDs) are guideline supported as first-line treatment for neuropathic pain. This patient has ongoing chronic radicular symptoms. Use of Gabapentin is clearly appropriate. That said, the Utilization Review decision was to modify the request, and allow for 60 tablets with refills x 2 (this is a 3-month) supply. This was appropriate, as there is no clear medical necessity for a 6-month supply in a patient who gets routine follow-up visits. Medical necessity for retrospective-Gabapentin 600mg, BID, #60, 5 Refills (Prescribed 6-11-14), is not established.

Retrospective-Celebrex 200mg, Po Bid, #60, 5 Refills (Prescribed 6-11-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: While guidelines do note that there is risk for adverse effects, such as GI and cardiovascular, they do support use of NSAIDS for orthopedic conditions. Celebrex is selective COX-2 NSAID that has reduced GI effects. This was denied in Utilization Review on a basis of no documentation of GI risk or failure to respond to other NSAIDS. I would disagree with this rationale, as guidelines do not require GI risk or failure of other NSAIDS prior to NSAID use. That said, there is no clear indication for a 6-month supply of this medication, given the frequent follow-up. Medical necessity for retrospective-Celebrex 200mg, BID, #60, 5 Refills (Prescribed 6-11-14) is not established.

Retrospective-Ambien 10mg Qhs, #30, 5 Refills (Prescribed 6-11-14): 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, Insomnia Treatment.

Decision rationale: Guidelines only support use of Ambien for short-term treatment of insomnia with difficulty of sleep onset. Short-term is defined as 7-10 days. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Ongoing chronic use does have adverse effects and significant risk, with users having a 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. Chronic use is not standard of care or guideline supported. I would disagree with the UR decision to completely discontinue, as the medication should be weaned, keeping in mind that chronic use is not substantiated. That said, there was no medical necessity for a 6-month supply (#30 with refills x 5). Finally, submitted reports do not elaborate on any clinical details of the insomnia issue. Medical necessity for retrospective-Ambien 10mg Qhs, #30, 5 Refills (Prescribed 6-11-14) is not established.