

Case Number:	CM14-0166299		
Date Assigned:	10/13/2014	Date of Injury:	06/11/2001
Decision Date:	11/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 11, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; a TENS unit; opioid therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 12, 2014, the claims administrator failed to approve requests for Vimovo, Butrans, Lidoderm, and Soma. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant reported 4-5/10 low back pain complaints. The applicant was off of work. The applicant was unemployed, it was noted. The applicant had issues with reflux and irritable bowel syndrome, it was acknowledged. The applicant was asked to continue Soma, Butrans, Vimovo, and Lidoderm. It was stated that the applicant would try to diminish usage of tramadol through usage of Butrans. In a June 23, 2013 progress note, the applicant again reported persistent complaints of low back pain. The applicant again stated that introduction of Butrans had allowed him to diminished consumption of Ultram. The applicant was given refills of Soma, Ultram, Butrans, Vimovo, and Lidoderm. The applicant was described as disabled and unemployed. Butrans was apparently started for the first time on May 5, 2014. In a March 3, 2014 progress note, the applicant was described as having ongoing issues with acid reflux and irritable bowel syndrome. The applicant was asked to continue Soma, Ultram, Vimovo, Lidoderm patches, and TENS unit at this point in time. The applicant was again described as disabled and unemployed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of vimovo 375/20mg with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69; 7. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Vimovo Medication Guide

Decision rationale: Vimovo, per the National Library of Medicine (NLM), is an amalgam of naproxen, an anti-inflammatory medication, and Nexium, a proton pump inhibitor. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia, as appears to be present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work. The applicant has been deemed unemployed and disabled, as suggested on several occasions, referenced above. Ongoing usage of Vimovo has failed to curtail the applicant's dependence on opioid agents such as Butrans and tramadol. The attending provider has failed on any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Vimovo usage. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Butrans patches 5mcg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine is recommended for the treatment of opioid addiction and is also recommended as an option for chronic pain purposes in applicants who have previously detoxified off of opioids who have a history of opioid addiction, in this case, however, no clear rationale for selection and/or ongoing usage of Butrans (buprenorphine) was furnished by the attending provider. It was not clearly stated that Butrans was being employed for opioid addiction purposes and/or was being employed after previous opioid detoxification. If anything, information on file suggested that the applicant will continue to use tramadol, a synthetic opioid, following introduction of Butrans. Therefore, the request is not medically necessary.

90 Patches of lidoderm 5% with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine-Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no clearly stated mention of oral antidepressant adjuvant medication and/or oral anticonvulsant adjuvant medication failure prior to introduction and/or ongoing usage of Lidoderm patches at issue. Therefore, the request is not medically necessary.

120 Tablets of soma with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using several opioid agents, Norco and Butrans. Concurrent usage of Soma on a long-term basis as is implied via the 120-tablet, one refill supply sought here, is not recommended. Therefore, the request is not medically necessary.