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| Case Number: | CM14-0166966 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 03/07/2005 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 10/06/2014 |
| 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 Physical Medicine and Rehabilitation, 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:

This is a male patient with the date of injury of March 7, 2005. A Utilization Review was performed on October 6, 2014 and recommended non-certification of Norco 10/325mg, Qty. 90, Cymbalta 60mg, Qty. 60, Butrans 20mcg/hr, Qty. 4, and Baclofen 20mg, Qty. 90. A Periodic Report dated September 26, 2014 identifies History of Present Illness of back pain that is moderate-severe. Pain is radiated to the right calf, right thigh, and right buttock. Pain without medications is 10 and with medications 2. With medications the patient is able to do simple chores around the house. Physical Exam identifies tenderness at paraspinal facet. Pain over the facet joints, worsened with loading maneuvers. Active painful ROM. Lateral flexion 10 degrees bilaterally, rotation 30 degrees bilaterally. Extension 10 degrees. Diagnoses are not identified. Treatment Plan identifies bridge the patient off Norco, using Butrans onto Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of a therapeutic trial of opioids; opioids for ch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is note that medications reduce the patient's pain, and improve the patient's function. However, it is acknowledged that there is no documentation regarding side effects and no discussion regarding aberrant use. It does appear that this medication may be weaned and discontinued. Therefore, the currently requested one month supply should allow the requesting physician time to wean the medication if it will be discontinued or document the ongoing medical necessity of this medication if it will be continued. As such, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.

Cymbalta 60mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Regarding the request for Duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is note that medications reduce the patient's pain, and improve the patient's function. However, it is acknowledged that there is no documentation regarding side effects and a lack of clarity regarding how much this specific medication is contributing to the analgesic benefit or functional improvement. Therefore, the currently requested one month supply should allow the requesting physician time to document the ongoing medical necessity of this medication if it will be continued. As such, the currently requested Duloxetine (Cymbalta) is medically necessary.

Butrans 20mcg/hr, #4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 76-79.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines state that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional

improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is note that medications reduce the patient's pain, and improve the patient's function. However, it is acknowledged that there is no documentation regarding side effects and no discussion regarding aberrant use. It does appear that this medication may be weaned and discontinued. Therefore, the currently requested one month supply should allow the requesting physician time to wean the medication if it will be discontinued or document the ongoing medical necessity of this medication if it will be continued. As such, the currently requested Butrans is medically necessary.

Baclofen 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen specifically. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen is not medically necessary.