MAXIMUS Federal Services

Case Number:	CM14-0021564		
Date Assigned:	05/07/2014	Date of Injury:	04/19/2010
Decision Date:	08/07/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 45-year-old female patient with a 4/19/10 date of injury. A progress report dated 3/3/14 indicated that the patient complained of neck pain radiating to the right upper extremity, and lower back pain radiating to the bilateral lower extremities. She reported that her pain was rated 7/10 with medication and 10/10 without medication. The patient noted that opioid medication was helpful and she had 5 hours of pain relief after each dose of medication. Physical exam revealed spasm in the right paraspinatus musculature, tenderness over the paravertebral musculature at the L4-S1. Range of motion in the lumbar spine was limited due to pain. Pain was significantly increased with flexion and extension. An MRI dated on 8/20/11 revealed 3mm disk protrusion on L1-2, disc was mildly narrowed at L3-4 and 4mm disc protrusion. There were disc protrusions on L4-5 and L5-S1. She was diagnosed with Lumbar disc degeneration, Lumbar facet arthropathy, and bilateral carpal tunnel syndrome. Treatment to date includes medication management: discontinuation of Butrans patch (reason unspecified) on 3/3/14, and activity modification. There is documentation of a previous 1/23/14 adverse determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Anti-epileptic drugs pages 16-18, Gabapentin page 49) Page(s): 16-18, 49.

Decision rationale: The MTUS Chronic Pain Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient had lower back pain radiating to the bilateral extremities, and cervical pain radiating to the right upper extremity. In addition, MRI revealed disc protrusion and narrowing from L1 to S1. Therefore, the request for Gabapentin 600 mg #90 is medically necessary.

BUTRANS PATCH 10 MCG #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter Buprenorphine) Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans).

Decision rationale: The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. The patient was using Butrans patches since at least 11/13. However, there was a note on 3/3/14 that its use was discontinued. It was unclear why it was discontinued. In addition, there was no documentation of specific significant pain relief form Butrans patches. Therefore, the request is not medically necessary and appropriate.

HYDROCODONE 10-325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Opiates Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was documentation supporting long-term opioid use. In addition, there was no significant objective functional gains and pain relief. There was no documentation of CURES monitoring. Therefore, the request for Hydrocodone 10-325 #120 is not medically necessary.

CYCLOBENZAPRINE 7.5 MG #30: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there was documentation that the patient was taking Cyclobenzaprine since at least 10/14/13. In addition, there was no documentation of prior NSAID use. Guidelines indicated that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, long term use of this medication can cause dependence. Therefore, the request is not medically necessary and appropriate.

1 URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238,Chronic Pain Treatment Guidelines 2009 (Drug Testing page 43, Urine testing in in ongoing opiate management page 78) Page(s): 43, 78.

Decision rationale: The MTUS Chronic Pain Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient had at least 3 urine drug screen tests since 10/14/13. All test results were consistent with the prescribed medications. The most recent urine drug screen test available was in 3/11/14 with positive opiate detection. However, Guidelines support urine drug screen tests as an option to assess for the use or the presence of illegal drugs. In addition, there was no evidence none of that criteria. Therefore, the request is not medically necessary.