

Case Number:	CM14-0025741		
Date Assigned:	06/13/2014	Date of Injury:	04/17/2002
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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 patient with a date of injury of 4/17/02. A utilization review determination dated 2/19/14 recommends non-certification of Amitramadol and Gabaketolido. Norco, Butrans, and Xanax were modified to certify the medications as requested, but with no refills. 1/15/14 medical report identifies neck and upper back pain 7/10 with numbness and tingling to the RUE as well as burning pain in the legs 7/10. She also complains of much anxiety and chronic headaches. Hydrocodone and Xanax are said to help decrease her symptoms. On exam, there is paraspinal tenderness and limited ROM in the cervical/thoracic spine. SLR is at 70 degrees bilaterally. Urinalysis from 10/21/13 is said to show that the patient is taking medications as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 X 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120.

Decision rationale: Regarding the request for Norco 10/325mg #60 X 3 Refills, California Pain Medical Treatment Guidelines state that, 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 no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly stopped, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco 10/325mg #60 X 3 Refills Is Not Medically Necessary.

BUTRANS PATCH 10MCG #4 X 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120.

Decision rationale: Regarding the request for Butrans Patch 10mcg #4 X 3 Refills, California Pain Medical Treatment Guidelines state that, 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 no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly stopped, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans Patch 10mcg #4 X 3 Refills is not medically necessary.

XANAX 1MG #30 X 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24.

Decision rationale: Regarding the request for Xanax, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the Xanax and no indication that it is being

prescribed for short-term use, as recommended by guidelines. In light of the above issues, the currently requested Xanax is not medically necessary.

AMITRAMADOL DM 240GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding the request for Amitramadol DM 240gm, California MTUS cites that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They further state that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, there is no documentation that trials of antidepressants and anticonvulsants have failed. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Amitramadol DM 240gm Is Not Medically Necessary.

GABAKETOLIDO 240GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding the request for Gabaketolido 240GM, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Gabaketolido 240GM is not medically necessary.