

Case Number:	CM14-0033417		
Date Assigned:	06/20/2014	Date of Injury:	08/01/2005
Decision Date:	07/29/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Illinois. 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 injured worker is a 49-year-old female who reported an injury on 08/01/2005 due to continuous trauma. The injured worker complained of severe pain in the wrists, neck, shoulders, and upper back. She rated her pain at 10/10 on VAS scale. Physical examination revealed that the injured worker was withdrawn instantly upon pressure on tender points for the trapezius muscles. There was a trigger point present on the left, a moderate amount, and mild 1 present on the right, but she was reaching almost as much on the right as on the left. The musculature of the neck was tense, especially the posterior scalenes and the long exterior muscles. The injured worker had tenderness over the lower deltoids. She had tenderness to pinch over the mid arms, posteriorly over the epicondyles, over the forearms, and with wrist and shoulder range of motion. The injured worker could only raise her left arm to about 125 degrees of abduction, limited by pain and pain responses. Range of motion, while not restricted on the right side, was causing her pain, and resisted having her shoulder being rotated. There was mild crepitation at her wrist with ranging with her wrist. The injured worker was tender over the trochanter bursa, over the upper glutei, and over the medial epicondyles of the knees. Pinching the medial thighs with a mild pinch was also causing a flinching response. The injured worker's deep tendon reflexes were brisk, 2 to 2+, bordering on a 2 to 3+. The injured worker has had diagnostic tests of MRI and EMG/NCS. The submitted report included most recent urinalysis, dated 01/17/2014. The injured worker has had diagnoses of bilateral humeral epicondylitis, possible mild thumb osteoarthritis, history of shoulder bursitis, osteoarthritis, degenerative disc disease of the lumbar spine status post back fusion in 2006, history of nonspecific non-cardiac chest pain, and anxiety disorder with functional overlay with respect to the chronic pain. The injured worker has had physical therapy, lumbar sympathetic block at L2, acupuncture, and medication therapy. Medications include Elavil 50 mg 1 tablet at bedtime #30, Butrans 20 mcg #4, Naltrexone 4.5 mg 1 tablet every 4

hours PRN #60, Norco 10/325 mg 1 to 2 tablets PRN #120, and levorphanol 2 mg 1 to 2 tablets every 8 hours 180. The current treatment plan is for Butrans 20 mcg #4, Norco 10/325 mg #120, Naltrexone 4.5 mg #60, Levorphanol 2 mg #180, and a Help evaluation for full program (FRP), functional restoration program. The rationale was not submitted for review. The request for authorization form was submitted on 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20 mcg #4: Upheld

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

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

Decision rationale: The request for Butrans 20 mcg #4 is not medically necessary. The injured worker complained of severe pain in the wrist, neck, shoulders, and upper back. She rated her pain at a 10/10 on VAS. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Buprenorphine (Butrans) when used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine's (Butrans) pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's (Butrans) usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Guidelines stipulate that the use of Butrans be used for patients who are opiate dependent. There was no evidence showing that the injured worker was opiate dependent. Clinicians must also be in compliance with the Drug Addiction Treatment Act of 2000. The submitted report lacked any evidence of so. Butrans pharmacological and safety profile makes it an attractive treatment for patients to be addicted to. Furthermore, there are very few reports and studies showing the efficacy of Butrans. As such, the request for Butrans 20 mcg #4 is not medically necessary.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 91.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The injured worker complained of severe pain in the wrist, neck, shoulders, and upper back. She rated her pain at a 10/10 on VAS. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that the lowest possible dose should be prescribed to improve pain and function. An ongoing review should include documentation of pain relief, functional status,

appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors and use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should also be documented. The submitted report lacked any evidence of medication control. There was no documentation stating the intensity of pain after taking the medication, how long it took to relieve pain, and how long the pain relief lasted. There was also no evidence documented as far as pain relief, side effects, and/or physical and psychosocial functioning. The submitted report did include results for urinalysis done on 01/2014. As the injured worker was not in compliance with all Guidelines for opioids, the request for Norco 10/325 mg #120 is not medically necessary.

Naltrexone 4.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78..

Decision rationale: The request for Naltrexone 4.5 mg #60 is not medically necessary. The injured worker complained of severe pain in the wrist, neck, shoulders, and upper back. She rated her pain at a 10/10 on VAS. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that the lowest possible dose should be prescribed to improve pain and function. An ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors and use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should also be documented. The submitted report lacked any documentation showing ongoing review of pain relief, and/or improvement of pain and function. There was also no pain assessment, which should have included current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it took for the pain relief, and how long pain relief lasted. There was also lack of evidence showing side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant drug related behaviors. As such, the request for Naltrexone 4.5 mg #60 is not medically necessary.

Levorphanol 2 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 92.

Decision rationale: The request for Levorphanol 2 mg #180 is not medically necessary. The injured worker complained of severe pain in the wrist, neck, shoulders, and upper back. She rated her pain at a 10/10 on VAS. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that the lowest possible dose should be prescribed to improve pain and function. An ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors and use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should also be documented. Guidelines also state that Levorphanol is used for moderate to severe pain, when an opioid is appropriate for therapy. You want to assess patient for signs of hypoventilation and excessive sedation before continuing subsequent doses. The submitted report included urinalysis labs that were collected on 01/17/2014. But there was no further documentation as far as pain assessment. A well-documented assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, and how long it took to relieve. There should also be documentation on the 4 A's to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant drug related behaviors. Due to lack of documentation, the request for Levorphanol 2 mg #180 is not medically necessary.

Help evaluation for full program (FRP), functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: The request for Help evaluation for full program (FRP), functional restoration program is not medically necessary. The injured worker complained of severe pain in the wrist, neck, shoulders, and upper back. She rated her pain at a 10/10 on VAS. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that an FRP be medically necessary when an adequate and thorough evaluation has been made, including baseline functional testing, so follow-up with the same test can note functional improvement. The patient has a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, integrative summary reports that include treatment goals, progress assessment and stage of

treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The submitted reports did not include any baseline functional testing. The submitted report also lacked any evidence of significant loss of ability to function independently resulting from the chronic pain. There was no evidence of any future surgeries or other treatments. Furthermore, this type of treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy documented by subjective or objective gains. As such, the request for Help evaluation for full program (FRP), functional restoration program is not medically necessary.