

Case Number:	CM14-0045946		
Date Assigned:	06/27/2014	Date of Injury:	04/14/2010
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 04/14/2010; reportedly she slipped and fell on the wet floor injuring her left knee and right hand. The injured worker's treatment history included medications, EMG/NCV, surgery, TENS unit, psychiatric treatment, epidural steroid injections, pain management, and physical therapy. The injured worker was evaluated on 03/17/2014 and it was documented the injured worker complained of left buttock pain. The provider noted Butrans 20 mcg/hour has helped with the ability to reduce Percocet from 12 to 1-2 weekly recovering from her recent fall 3 years ago. Her pain level was a 2/10. The provider noted the injured worker does daily stretches for piriformis and shoulder. It was noted she had ongoing left hamstring and buttock pain and spasm with over activity. Physical examination of the lumbar spine revealed straight leg raise test was positive on the left side in supine positive, tenderness over left GTB reproducing pain. Inspection of the neck revealed loss of lordosis. Movement of the neck was restricted with flexion limited to 45 degrees and extension limited to 25 degrees. Spurling's maneuver caused radicular symptoms on the left and tenderness was noted in the paracervical muscles in trapezius. Medications included Abilify 5 mg, fluticasone propionate 50 mcg spray, Percocet 10/325 mg, Amrix ER 15 mg, Butrans 20 mcg, Ambien 12.5 mg, Cardizem LA 420 mg, CellCept 500 mg, Cymbalta 60 mg, Feldene 20 mg, gabapentin 600 mg, lidocaine 5% patch, Plaquenil 200 mg, and Protonix 40 mg. The Request for Authorization dated 03/19/2014 was for Abilify 5 mg, Percocet 10/325 mg, Amrix ER 15 mg, fluticasone prop 50 mcg spray, and Butrans 20 mcg/hr patch; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg (unknown qty): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS MD Consult Drug Monograph, PubMed Health: AHFS Consumer Medication Information.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Aripiprazole (Abilify).

Decision rationale: The requested is not medically necessary. According to the ODG Aripiprazole (Ablify) is not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. The documentation submitted for review indicated the injured on-going usage Abilify however, there was lack of documentation of outcome measurements while the injured worker takes prescribed medications. In addition, there was no diagnoses of psychiatric or schizophrenia. The request lacked frequency, quantity and duration of medication. Given the above, the request for Abilify 5mg (unknown QTY) is not medically necessary.

Fluticasone Prop 50mcg spray MCG/actuation x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS MD Consult Monograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic) Corticosteroids (Intranasal).

Decision rationale: The requested is not medically necessary. According to the ODG corticosteroids (intranasal) is recommended as a second line of therapy for upper airway cough syndrome, following oral preparations such as an antihistamine and/or decongestant. If side effects preclude oral preparations or if this type of therapy alone is ineffective, consider adding intranasal therapy. Recommended for moderate or severe allergic rhinitis. Use of azelastine plus nasal corticosteroids is effective in both allergic rhinitis and vasomotor rhinitis, suggesting that this combination represents an effective treatment strategy for all patients with either allergic or non-allergic vasomotor rhinitis. The documentation submitted for review indicated the injured worker on-going usage of using fluticasone Prop, however there was lack of documentation of the outcome measurements while the injured worker usage from medication. In addition, the

request lacked frequency and duration of medication. Given the above, the request for fluticasone prop 50mcg/actuation X 4 is not medically necessary.

Percocet 10/325mg x4: Upheld

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

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

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief for the injured worker. There was lack of documentation of long-term functional improvement goals for the injured worker. In addition, the request does not include the frequency or duration. Given the above, for Percocet 10/325 mg X4 is not medically necessary.

Amrix ER 15mg x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of conservative care measures such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency and duration of the medication. As, such, the request Amrix ER15mg X4 is not medically necessary.

Butrans 20mcg/hr patch, x4: Upheld

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

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

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommends that Butrans Patch mcg/hour is recommended for treatment of opiate addiction. It also states that it is an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-3 controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation (patch) for the treatment of chronic pain. Advantages in terms of pain control include the following: non-analgesic ceiling, a good safety profile (especially in regard to respiratory depression), decreased abuse potential, ability to suppress opiate withdrawal, and apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor). There was lack of outcome measurements of conservative care such as physical therapy, pain medication management and home exercise regimen noted for the injured worker. In addition, there were no diagnoses indicating the injured worker has an Opioid dependency. The request lacked frequency and duration of medication. Given the above, the request for Butrans 20 mcg/hour patch, X4 not medically necessary.