

<b>Case Number:</b>	CM14-0048367		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/28/2008
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Pain 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:

The claimant is a 56 year old female who sustained an injury on 03/28/08. No specific mechanism of injury was noted. There are reported complaints of severe neck and low back pain as well as associated gastrointestinal reflux disease. The claimant was also being followed for insomnia as well as pain associated depression. Medication history includes the use of topical Capzasin, Gabapentin, Omeprazole, and Tramadol. Gabapentin was utilized to address persistent neuropathic pain and had slowly been weaned down through May of 2014. Prior narcotics use did include hydrocodone as well as Butrans patches. Urine drug screen reports through 2014 were consistent with the use of Tramadol. It is noted that Butrans was not tested for. The most recent evaluation on 05/21/14 noted that the claimant's pain scores were reduced from 8/10 to 6/10 on the visual analog scale with the medications. Medications at this visit included Omeprazole, Gabapentin, Capzasin, Tramadol, and Butrans patches. The claimant did report that current medications were helpful. Physical examination noted tenderness to palpation in the cervical and lumbar spine. There was decreased range of motion secondary to pain. No specific neurological findings were noted. The claimant was given a Toradol injection with Vitamin B12 at this evaluation. The claimant is noted to have had a signed opioid agreement and there were no indications of any aberrant medication use. The treating pain management physician felt the claimant was at the lowest dose of narcotics that was providing the best amount of benefit. It was reported to be minimal benefit from either Lidoderm or Flector patches. The claimant did report 40% overall relief from neuropathic symptoms with the use of Gabapentin. The requested Butrans patch 20mcg, quantity 4 and Gabapentin 600mg, quantity 60 were both denied by utilization review on 06/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Butrans 20mcg, #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Buprenorphine for chronic pain.

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

**Decision rationale:** Per the clinical documentation submitted, the injured worker has been utilizing Butrans for an extensive period of time with a gradual increase in dosages. Currently, the 20mcg patch is equivalent to more than 120mg Morphine equivalent dose per day. This would exceed guideline recommendations regarding the maximum amount of narcotics prescribed to an injured worker. There is no indication of any substantial functional benefit obtained with the use of Butrans patches. The injured worker's pain score improvement was minimal based on clinical reports. Given the insufficient findings for ongoing functional improvement as well as substantial pain reduction, the continued use of this medication would not be supported. Per MTUS guidelines, there should be ongoing assessments establishing functional benefits as well as pain reduction in order to warrant an optional pain medication such as Butrans. The clinical documentation submitted for review also did not include any recent compliance testing for this medication. Prior toxicology results only tested for Tramadol and did not have testing for Butrans. Therefore, the request for 1 prescription of Butrans 20 mcg, # 4 is not medically necessary and appropriate.

**Prescription of Gabapentin 600mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Antiepileptics Page(s): 16-22.

**Decision rationale:** Based on the medical records provided for review, the injured worker was slowly being weaned down on Gabapentin but was still obtaining 40% relief with this medication per recent clinical reports. Given the injured worker's persistent neuropathic complaints as well as the pain improvement noted in clinical records, the above request has been established by MTUS guidelines. The request for a prescription of Gabapentin 600 mg # 60 is not medically necessary and appropriate.