

Case Number:	CM14-0048857		
Date Assigned:	06/25/2014	Date of Injury:	07/07/2007
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 59 year old male who was injured on 7/7/07 involving his right knee and low back. He was diagnosed with lumbar spine disc herniation with associated lower back pain and radiculopathy, knee pain, myofascial pain, and major depression. He was treated with physical therapy, chiropractic treatments, trigger point injections, exercise, surgery (knee), acupuncture, antidepressants, analgesic medications including Norco, as well as topical agents such as Lidopro and Butrans patch. He was also treated with TENS unit, epidural injections, and cognitive behavioral therapy. The worker was given Butrans on 2/28/14 by his treating physician for an unknown reason after he reported his low back pain level of 4/10 on the pain scale and reported that his then current meds which included Norco and Lidopro as well as his TENS unit collectively was helping with his pain. The plan, according to the treating physician (on 2/28/14) was to "discontinue the Norco if the worker was able to get the Butrans patches". LidoPro and TENS was recommended to be continued at that time as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr patch QTY:4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Buprenorphine for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Buprenorphine.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The ODG states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should be only prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, the Butrans prescription seems to be unnecessary as far as what was seen in the documents available for review. It is unclear as to the reason why Butrans patch was desired over Norco for the worker. Without any evidence for a justification of a medication switch, the Butrans patch is not recommended and is not medically necessary.

Lidopro ointment 4oz. QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical Analgesics, Lidocaine Page(s): 56-57; 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. The worker had used an anti-epileptic medication in the past which seemed to not effectively reduce his neuropathic pain. LidoPro, in combination with his other medications seems to be effectively reducing his pain. I see no reason to not continue this medication. Therefore, the LidoPro is medically necessary.