MAXIMUS Federal Services

Case Number:	CM14-0049856		
Date Assigned:	07/07/2014	Date of Injury:	08/01/2005
Decision Date:	08/06/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 with a reported date of injury on 08/01/2005. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include four-limb complex regional pain syndrome, status post L5-S1 fusion for a lumbar disc herniation, hyperreflexia and hypersensitivity. Her previous treatments were noted to include sympathetic block, physical therapy, surgery, TENS nerve stimulator, chiropractic care, acupuncture, pain management, and medications. Her medications were noted to include Norco #120 for breakthrough pain, Butrans 20 mcg/hr, Elavil 50 mg at bedtime, Wellbutrin, and Naltrexone 4.5 mg twice a day. The progress note dated 05/09/2014 reported the injured worker revealed she was getting 50% pain relief and the meds were working perfectly, and this is the best that she had felt since she had this disorder. The injured worker was able to cook, clean, go to the store, and drive around just fine. The injured worker reported she was sleeping much better and through the night and was walking without a cane or walker. The injured worker reported she benefited a great deal from the stellate ganglion block. The physical examination revealed the injured worker looked tired but presented a little more animatedly than previously. The provider reported the injured worker complained of a lot of burning pain that extended down the left thigh and buttocks and it was worse in her left low back, buttocks, and thigh than it was in her left upper extremity. The provider reported the injured worker's left side hurt all together but seemed to be able to use her left upper extremity a little better since the stellate ganglion block. The provider reported the injured worker had difficulty raising the left arm overhead and does not have full range of motion due to end range pain, but there was no crepitation with movement of the joint. The examination revealed tenderness to palpation about the neck and shoulder girdles and mild to moderate muscular tightness into the trapezii and slightly tense in the extensors. There was no radiation of pain noted with Spurling's maneuver, and deep tendon

reflexes were brisk in all 4 extremities. A progress note dated 06/10/2014 revealed the injured worker's medications. She was able to receive Flector patch, Flexeril, Neurontin; however, it did not stop the pain and her pain was rated 10/10. The injured worker complained of fever and nausea, and that the pain was worse in the neck, shoulder, and upper back. The physical examination revealed the injured worker could barely open her eyes and was full of tears. The provider reported the injured worker was hard to examine. The request for authorization form dated 03/21/2014 was for Elavil 50 mg #30 for comfort and sleep, Butrans 20 mcg for pain, Norco 10/325 mg #120 for breakthrough pain, naltrexone 4.5 mg #60 for widespread pain, and Levo-Dromoran 2 mg #180 for joint allodynia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 50mg, Quantity: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13 Page(s): 13.

Decision rationale: The request for Elavil 50 mg quantity 30 is not medically necessary. The injured worker has been taking this medication at least since 09/2013. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain, as well as the possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or are contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of the analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation, should be assessed. The progress note dated 02/11/2014 reported the injured worker would go to sleep at 9 p.m. with the use of Elavil and awaken at 4 a.m. The injured worker reported she was getting 7 hours of uninterrupted sleep. The progress note dated 06/10/2014 reported the injured worker is unable to sleep due to medications being denied. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Butrans 20mcg/hr, Quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Treatment of opiate agonist dependence.

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

Decision rationale: The request for Butrans 20 mcg per hour quantity 4 is not medically necessary. The injured worker has been taking this medication since at least 09/2013. The California Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opioid addiction, also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. A schedule for any 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 allowed to produce alterations in the perception of pain, including emotional response). A few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. The documentation provided showed the Butrans brought the patient's level down to 6/10 level, and the injured worker was able to cook, clean, go to the store, and drive around. The injured worker denied adverse side effects, however, without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Norco 10/325mg, Quantity: 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, On-Going Management, page 78 Page(s): 78.

Decision rationale: The request for Norco 10/325 mg quantity 120 is not medically necessary. The injured worker has been taking this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior should be addressed. The documentation provided indicated the injured worker was using Norco on an as needed basis for breakthrough pain, which was rated 6/10 with the medications and was able to cook, clean, go to the store, and drive. The provider indicated the injured worker was not having any side effects; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Naltrexone 4.5mg, Quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment of Workers' Compensation, Mental Illness & Stress Procedure Summary, Opioid Antagonists.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page 78 Page(s): 78.

Decision rationale: The request or Naltrexone 4.5 mg quantity 60 is not medically necessary. The injured worker has been taking this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker reported her pain was rated 6/10 with medications, and the medications were working perfecting and she was able to cook, clean, go to the store, and drive. The injured worker denied side effects. However, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug testing to verify for pain medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Levo-Dromoran 2mg, Quantity: 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, On-Going Management, page 78 Page(s): 78.

Decision rationale: The request for Levo-Dromoran 2 mg quantity 180 is not medically necessary. The injured worker has been taking this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of pain medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be used. The injured worker indicated her pain was relieved by 20% but was nauseated, otherwise, the medications were working perfectly and was able to go to the store, cook, clean, and drive. The injured worker indicated she was not having any side effects, however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased functioning, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the

frequency at which this medication is to be utilized. As such, the request is not medically necessary.