

Case Number:	CM14-0055556		
Date Assigned:	07/09/2014	Date of Injury:	02/07/2000
Decision Date:	09/11/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational 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:

This is a 55-year-old female with a 2/7/00 date of injury. The mechanism of injury was not noted. The most recent progress report provided for review was dated 1/15/14, however, it was handwritten and illegible. According to a progress report dated 12/9/13, the patient was status post her recent lumbar epidural injection from which she noticed increased pain for two days followed by improvement and is not noted 75% improved. Her current pain level was rated 5/10, and was noted a constant 9/10 prior to the epidural. Objective findings: tenderness of lumbar spine, paraspinals, sacroiliac joint, sciatic notch, trochanteric bursa; positive Patrick sign; restricted lumbar ROM. Diagnostic impression: mild right L3/4 radiculopathy, right L5 radiculitis improving post epidural injection, L4/5 degenerative disc disease with foraminal narrowing, degenerative joint disease right hip joint. Treatment to date: medication management, activity modification, Epidural Steroid Injection (ESI). A Utilization Review decision dated 3/26/14 denied the requests for Colace, Ibuprofen, Cymbalta, and Butrans patch. Regarding Colace, review of the available documentation does not indicate the presence of any symptoms of constipation or other specific situations for the prophylactic use of Colace. Regarding Ibuprofen, the patient has been taking this medication since at least 2009 which far exceeds the short-term recommended use. In addition, the patient has a history of GERD, and this medication should be used cautiously due to the risk of adverse GI events. Regarding Cymbalta, there was no documentation of subjective or objective improvement in pain or function. Regarding Butrans, there is no documentation that the patient requires this level of analgesia. In addition, the patient had a previous lumbar (ESI) which provided 50% relief of pain and is scheduled to undergo an additional injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for colace 250mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Berardi, 2006. Evidence Grade=D).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate) 'Management of Opioid-Induced Gastrointestinal Effects: Treatment'.

Decision rationale: The FDA states that "Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools." CA MTUS states that "with opioid therapy, prophylactic treatment of constipation should be initiated." According to a 12/19/13 progress report, it is documented that the patient is taking Norco. Guidelines support the use of Colace as prophylactic treatment of constipation for patient's utilizing chronic opioid therapy. Therefore, the request for 1 Prescription for Colace 250mg #60 is considered medically necessary.

1 Prescription for Ibuprofen 800mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms and Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that "NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems." Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that "there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain." According to the reports reviewed, there is no documentation of pain relief or improved activities of daily living with ibuprofen use. In addition, prior to her lumbar epidural steroid injection on 12/2/13, the patient still rated her pain at 7-8/10 despite taking ibuprofen. Guidelines do not support the long-term use of NSAIDs without documented functional improvement. Therefore, the request for 1 Prescription for Ibuprofen 800mg, #90 is considered not medically necessary.

1 Prescription for Cymbalta 60mg, # 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 15-16.

Decision rationale: CA MTUS states that "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy." This patient has a diagnosis of lumbar radiculopathy. Guidelines support Cymbalta as a first-line treatment option for radiculopathy. Therefore, the request for 1 Prescription for Cymbalta 60mg, # 30 is considered medically necessary.

1 Prescription for Butrans patch 10mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Therapeutic trial of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Buprenorphine Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans).

Decision rationale: The FDA states that "Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. It is documented that the patient is currently utilizing Norco. Buprenorphine, the active ingredient in Butrans, is a mixed opioid agonist/antagonist. Buprenorphine blocks the analgesic effects of other opioids, such as Norco." There is no rationale provided as to why this patient requires Butrans as an around-the-clock opioid analgesic instead of another medication. In addition, there is no documentation that Butrans provides the patient significant pain relief or improvement in activities of daily living. Therefore, the request for 1 Prescription for Butrans patch 10 mcg is considered not medically necessary.

