

Case Number:	CM14-0080146		
Date Assigned:	07/18/2014	Date of Injury:	09/21/2004
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/30/2014

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 Management 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 62-year-old male who reported an injury on 09/21/2004. The injured worker was working for [REDACTED] and he injured his back and subsequently underwent what sounds to be a decompression of the lumbar spine which helped somewhat, but continued to have back pain and leg pain which had progressed over time. The injured worker's treatment history included physical therapy, injections, TENS unit, pain management without any significant relief, MRI studies, and medications. The injured worker was evaluated on 06/25/2014, and it is documented the injured worker complained of back pain and low back pain. The injured worker was experiencing back stiffness and pain. Severity of condition was 6/10 on the pain scale. The injured worker indicated back extension worsened the condition and back flexion worsened the condition. Pain was described as aching, burning, sharp, spasm, shooting, and sore and pressure. In the documentation, the injured worker said he would like to undergo surgery. X-rays revealed there was moderate to severe S-shaped thoracolumbar scoliosis. The thoracic dextroscoliosis apex at T10 measured 51 degrees from the superior endplate of T6 to the inferior endplate of T12 lumbar levoscoliosis apex at L3 measured 29 degrees from the superior endplate of L1 to the inferior endplate of L4. No events of vertebral body segmentation anomaly and multilevel degenerative disc disease. On physical examination, lumbosacral exam revealed pain to palpation over L3-4, L4-5, and L5-S1 facet capsules bilaterally, pain with rotational extension indicative of facet capsular tears bilaterally, and secondary myofascial pain with triggering and ropey fibrotic banding. Medications included Butrans 20 mcg/hour patch, ibuprofen 800 mg, Norco 10/325 mg, and Prilosec 20 mg. Diagnoses included lumbar discopathy with facet syndrome. Request for Authorization dated 06/30/2014 was for Butrans 20 mcg/hour 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:

Butrans 20mcg/hr patch #4 with 3 refills for date of service 4/30/14: Upheld

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

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

Decision rationale: 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, # 4 with 3 refills for date of service 04/30/2014 is not medically necessary.

Kohana Topical for date of service 4/30/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least (or drug class) that is not recommended. Any compounded product that contains at least one or more drug class is not recommended. Other muscle relaxants there is no evidence for use of any other muscle relaxant as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine

(whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documents submitted indicated the injured worker had conservative care however the outcome measurements were not provided. In addition, the request lacked frequency, duration and location where topical cream should be applied on injured worker. As such, the request for Kohana topical for date of service 04/30/2014 is not medically necessary.

Norco 10/325mg #180 for date of service 4/30/14: Upheld

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

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

Decision rationale: 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 no urine drug screen submitted for opioid compliance .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 Norco 10/325 mg # 180 for date of service 04/30/2014 is not medically necessary.