

Case Number:	CM14-0190580		
Date Assigned:	11/24/2014	Date of Injury:	03/23/2013
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 42-year-old male who has submitted a claim for lumbar degenerative disc disease associated with an industrial injury date of March 23, 2013. Medical records from 2014 were reviewed. The patient complained of worsening low back pain rated 8/10 in severity radiating to bilateral lower extremities. He likewise complained of abdominal pain secondary to oral medication intake. Physical examination showed limited motion of the lumbar spine, positive straight leg raise test bilaterally, muscle spasm, weakness of bilateral lower extremity muscles rated 5-/5, intact sensation, and mildly antalgic gait. Treatment to date has included physical therapy, lumbar epidural steroid injection, Butrans patch, gabapentin, Norco, oxycodone and morphine (since July 2014). The utilization review from November 12, 2014 denied the request for Butrans patch 5 mg/hr, four count because of no objective measures in functional gains; denied oxycodone 5 mg t.i.d. #90 because of no objective measures in functional gains; certified gabapentin 300 mg t.i.d. #90 because it was recommended for neuropathic pain; and denied Protonix 20 mg b.i.d. #60 because of no evidence of gastrointestinal risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5 mg/hr, four count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Page 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, the patient has been on buprenorphine patch as far back as July 2014; however, the indication for which was not discussed. The guideline recommends the use of this medication for patients with opiate addiction, which was not justified in this case. There was no urine drug testing result showing aberrant drug use based on the medical records submitted. The medical necessity has not been established. Therefore, the Butrans patch 5 mg/hr, four count is not medically necessary.

Oxycodone 5 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on oxycodone since July 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for oxycodone 5 mg, ninety count is not medically necessary.

Gabapentin 300 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on gabapentin as early as July 2014. The patient's manifestation of chronic low back pain radiating to bilateral lower extremities associated with numbness, is consistent with neuropathic pain. However, there is no documentation concerning pain relief and functional improvement derived

from its use. Moreover, the utilization review from November 12, 2014 already certified this request. Therefore, the request for gabapentin 300 mg, ninety count is not medically necessary.

Protonix 20 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient is a 42-year-old male complaining of abdominal pain secondary to oral medication intake, i.e., gabapentin, Norco, oxycodone and morphine. The medical necessity for a PPI prescription has been established. Therefore, the request for Protonix 20 mg, sixty count is medically necessary.