

Case Number:	CM14-0193533		
Date Assigned:	12/01/2014	Date of Injury:	08/17/2011
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 17, 2011. In a Utilization Review Report dated November 4, 2014, the claims administrator denied BuTrans patches, denied Nexium, denied Percura, and denied temazepam-lorazepam. The claims administrator cited that its decision was based on an August 27, 2014 progress note. The applicant had a history of prior knee surgery, the claims administrator noted, and also had issues with obesity status post gastric bypass. The applicant's attorney subsequently appealed. In a progress note dated October 27, 2014, the applicant presented in severe distress, reporting 10/10 low back pain with ancillary complaints of headaches. The applicant stated that she developed withdrawal as a result of having to cease opioids. The applicant was reportedly riding in a chair. 10+/10 pain was reported. The attending provider stated that the applicant's pain complaints were as low as 7/10 with medications. The applicant was given Subutex. BuTrans was again endorsed. The applicant was asked to discontinue Norco. The applicant was asked to increase her current dosage of Neurontin. A topical compounded cream was also endorsed. The applicant was asked to employ Nexium for GI upset purposes and Colace on an as-needed basis for constipation. Tramadol was discontinued. In an earlier note dated December 21, 2014, the applicant was placed off of work, on total temporary disability, for 45 days. The applicant stated that she was having severe pain complaints and was reportedly having issues with opioid withdrawal. The attending provider accused the claims administrator of abandoning the applicant. BuTrans patches, Percura, Nexium, and temazepam-lorazepam were endorsed. It was stated that temazepam-lorazepam was being endorsed for insomnia. A topical compounded drug was sought. The applicant was asked to enroll in an opioid detoxification program while remaining off of work. On August 27, 2014, the applicant was again placed off of work, on total

temporary disability, for additional 45 days. The applicant reported severe low back pain radiating to the leg. The applicant had doubled her dosage of Norco but stated that her pain complaints still persisted. An average pain score of 8/10 was noted, which would become as high as 10/10 without medications. The applicant's BMI was 35. SI joint injection therapy and sciatic nerve block were endorsed, along with lateral femoral cutaneous nerve block. The attending provider suggested that the applicant enroll in a functional restoration program, discontinue Norco, start Nucynta, start Percura, and continue both BuTrans and Nexium. Temazepam-lorazepam was endorsed for insomnia purposes. A topical compounded cream and Colace were also endorsed while the applicant was kept off of work. In an earlier note dated August 14, 2014, the attending provider again kept the applicant off of work, on total temporary disability, for 45 days. 8.5/10 pain was appreciated, which would rise to as high as 10/10 without medications. The applicant stated that walking would exacerbate her pain complaints. The attending provider stated that the applicant cannot exercise because she is overweight. The applicant was asked to continue BuTrans, Tegaderm, temazepam, Nexium, Fluriflex, brand-name Norco, and Colace while obtaining several injections. The applicant was again kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Month supply of Butrans patches 20mcg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; When to Continue Opioids Page(s): 26;80.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or BuTrans is recommended for the treatment of opioid addiction and/or as an option for the treatment of chronic pain in applicants who have a history of opioid addiction, in this case, however, it appeared that the applicant was employing buprenorphine or BuTrans for chronic pain purposes as opposed to for opioid detoxification or opioid weaning purposes. The fact that the applicant continued to employ BuTrans in conjunction with brand-name Norco implies that the applicant was not, in fact, intent on employing BuTrans as a means of tapering off of opioids. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The applicant is off of work, on total temporary disability. The applicant continues to present on multiple occasions throughout August and October 2014 in severe pain, reporting difficulty with activities of daily living as basic as standing and walking. All of the foregoing, taken together, did not make a compelling case for continuation of BuTrans. Therefore, the request was not medically necessary.

2 month supply of Nexium 40mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk; Functional Restoration Approach to Chronic Pain Ma.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia or, by implication, the stand-alone dyspepsia seemingly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider simply refilled Nexium on multiple office visits throughout late 2014, without any description of whether or not Nexium was effectively attenuating the applicant's ongoing symptoms of reflux. Therefore, the request was not medically necessary.

Percura QTY#120 (2 month supply): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that dietary supplements such as Percura are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Temazepam/Lorazepam 3mg (2 month supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 42 does acknowledge that anxiolytics such as temazepam and/or lorazepam may be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider suggested that the applicant was employing lorazepam and/or temazepam for chronic, long-term,

and/or nightly use purposes, for sedative effect. This is not an ACOEM-endorsed role for either lorazepam or temazepam. Furthermore, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of "other medications" into his choice of pharmacotherapy. Here, the prescribing provider did not, however, furnish any rationale for concurrent provision of two separate benzodiazepine anxiolytics, lorazepam and temazepam. Therefore, the request was not medically necessary.