MAXIMUS Federal Services

Case Number:	CM15-0109351		
Date Assigned:	06/15/2015	Date of Injury:	03/13/2012
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on March 13, 2012. Treatment to date has included EMG/NCV of the rue, MRI of the right wrist/thoracic spine/cervical spine/lumbar spine/bilateral shoulder, steroid injections, medications, ice therapy and activity modification. Currently, the injured worker complains of neck pain and low back pain. The injured worker report constant neck pain which radiates into the bilateral upper extremities. She describes her neck pain as sharp and severe and notes that the pain is aggravated with activity and walking. The low back pain is constant and radiates into the bilateral lower extremities. She rates her pain a 7 on a 10-point scale with medications and a 10 on a 10-point scale without medications. The injured workers reports frequent gastrointestinal upset and moderate nausea. She reports that her pain limits her self-care, hygiene, communication, activity, ambulation, hand function, sleep and rates the interference in activities of daily living as a 10 on a 10-point scale. On physical examination the injured worker has tenderness to palpation over the cervical and lumbar spine. Here cervical spine range of motion is slightly to moderately limited and her lumbar spine range of motion was moderately limited secondary to pain. The diagnoses associated with the request include chronic pain, cervical radiculitis, lumbar radiculitis and opiate hyperalgia. The treatment plan includes Toradol injection, cervical collar, cervical epidural steroid injection, and continuation of Lyrica, Suboxone and Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C4-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Cervical epidural steroid injection C4-6. The RFA is dated 05/20/15. Treatment to date has included EMG/NCV, MRI of the right wrist/thoracic spine/cervical spine/lumbar spine/bilateral shoulder, steroid injections, medications, ice therapy and activity modification. The patient is working. The MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." According to progress report 05/18/15, the patient's neck pain radiates down the bilateral upper extremities. The patient denies tingling, numbness or motor weakness. Examination of the cervical spine revealed no gross abnormality, spinal vertebral tenderness and decreased ROM. EMG/NCV of the upper extremity was normal. MRI of the c-spine dated 05/19/12 revealed annular tear at C3-4 and C4- 5, focal disc protrusion measuring 2mm at C4-5 and C5-6. The patient presents with some radiating symptoms; however, the patient's subjective complaints of pain does not appear to correlate with the imaging study. The MRI does not show significant stenosis or HNP with a potential nerve root lesion that explains the patient's radicular symptoms. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request IS NOT medically necessary.

Suboxone 8mg-2mg SL film #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Buprenorphine Page(s): 76-78, 88-89, 26-27. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Buprenorphine for opioid dependence.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Suboxone 8mg-2mg SL film #30 with 1 refill. The RFA is dated 05/20/15. Treatment to date has included EMG/NCV, MRI of the right wrist/thoracic spine/cervical spine/lumbar spine/bilateral shoulder, steroid injections, medications, ice therapy and activity modification. The patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be

assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." For Buprenorphine, MTUS pages 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. ODG-TWC, Pain (Chronic) Chapter states: "Buprenorphine for opioid dependence: Recommended for selected patients for treatment of opioid dependence... Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain." "Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neurotic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." This patient has been utilizing Suboxone since 04/13/15. According to progress report 04/13/15, the patient reported that "the use of opioid pain medication is helpful." Pain is rated as 7/10 without medications and decreased to 0/10 with medications. The patient is able to continue working. The patient reported moderate nausea and GI upset. There is a UDS from 03/02/15 and there are no aberrant behaviors noted. In this case, the use of medications provide significant relief and the patient is able to continue working. The treating physician has provided adequate documentation including the 4As as requirement by MTUS for opiate management. The request IS medically necessary.

Butrans 10 mcg #4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Butrans 10 mcg #4. The RFA is dated 05/20/15. Treatment to date has included EMG/NCV of the rue, MRI of the right wrist/thoracic spine/cervical spine/lumbar spine/ bilateral shoulder, steroid injections, medications, ice therapy and activity modification. The patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." This patient has been prescribed Butrans since at least 03/02/15. According to

progress report 04/13/15, the patient reports that the use of opioid pain medications is helpful. Pain is rated as 7/10 without medications and 0/10 with medications. The patient reported moderate nausea and GI upset. There is a UDS from 03/02/15 and there are no aberrant behaviors. The patient is working. In this case, the use of medications provide significant relief and the patient is able to continue working. The treating physician has provided adequate documentation including the 4As as requirement by MTUS for opiate management. The request IS medically necessary.