

Case Number:	CM15-0131119		
Date Assigned:	07/17/2015	Date of Injury:	11/23/2011
Decision Date:	09/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/07/2015

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 48 year old male who sustained an industrial injury on 11/23/11. The injured worker was diagnosed as having lumbar radiculopathy, lumbar disc protrusion, failed back surgery syndrome, chronic pain syndrome and opioid dependence. Currently, the injured worker was with complaints of low back pain. Previous treatments included oral pain medication, non-steroidal anti-inflammatory drugs, home exercise program, and physical therapy. The injured workers pain level was noted as 2/10 with medication and 4/10 without medication with the provider noting the pain patches "appear to be helping". Physical examination was notable for a positive straight leg raise test, sensation intact to light touch, strength testing within normal limits, tenderness to palpation to the lumbar paraspinal muscles and sacroiliac joint region. The plan of care was for a Butrans patch, 10 micrograms, 1 weekly quantity of 4, no refills, Ativan 1 milligram, 1 tablet 3 times a day quantity of 90, no refills and Lyrica 200 milligrams, 1 tablet 3 times a day quantity of 90 no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch, 10mcg 1 weekly #4 no refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 48 year old patient complains of lower back pain, rated at 4/10 without medications and 2/10 with medications, as per progress report dated 06/29/15. The request is for Butrans patch, 10mcg 1 weekly #4 no refill. The RFA for this case is dated 06/29/15, and the patient's date of injury is 11/23/11. Diagnoses, as per progress report dated 06/29/15, included lumbar radiculopathy, lumbar disc protrusion, failed back surgery syndrome, chronic pain syndrome, and opioid dependence. Medications included Butrans patch, Ativan, Protonix and Lyrica. The progress reports do not document the patient's work status. 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." In this case, Butrans patch was first noted in progress report dated 04/06/15. As per progress report dated 05/04/15, the patient has been using more Ibuprofen at the end of the week when the effects of the patch decrease. As per progress report dated 06/20/15, medications help reduce pain from 4/10 to 2/10. The patches "appear to be helping". In progress report dated 06/01/15, the treater states that Butrans "is at a very low dose and came back as negative on the urine drug screen". The treater, however, does not document the impact of the patch on the patient's function. The reports do not provide specific examples that demonstrate increase in function. No CURES reports are available for review and there is no discussion regarding side effects of the medication. MTUS requires a clear discussion regarding 4As, including analgesia, ADLs, aberrant behavior, and adverse side effects, for continued use. Hence, the request is not medically necessary.

Ativan 1mg 1 tablet 3 times a day #90 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

Decision rationale: The patient complains of lower back pain, rated at 4/10 without medications and 2/10 with medications, as per progress report dated 06/29/15. The request is for Ativan 1mg, 1 tablet 3 times a day #90 no refills. The RFA for this case is dated 06/29/15, and the patient's date of injury is 11/23/11. Diagnoses, as per progress report dated 06/29/15, included lumbar radiculopathy, lumbar disc protrusion, failed back surgery syndrome, chronic pain syndrome,

and opioid dependence. Medications included Butrans patch, Ativan, Protonix and Lyrica. The progress reports do not document the patient's work status. The MTUS Guidelines page 24 and Benzodiazepines section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, a prescription for Ativan "for anxiety" is first noted in progress report dated 02/09/15. The patient has been taking the medication consistently since then. It is not clear when this treatment modality was initiated. The treater does not document the efficacy of the medication as well. Additionally, both MTUS and ODG guidelines do not support the long-term use of benzodiazepines. Hence, this request for # 90 is not medically necessary.

Lyrica 200mg 1 tablet 3 times a day #90 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 19-20.

Decision rationale: The patient complains of lower back pain, rated at 4/10 without medications and 2/10 with medications, as per progress report dated 06/29/15. The request is for Lyrica 200mg, 1 tablet 3 times a day #90 no refills. The RFA for this case is dated 06/29/15, and the patient's date of injury is 11/23/11. Diagnoses, as per progress report dated 06/29/15, included lumbar radiculopathy, lumbar disc protrusion, failed back surgery syndrome, chronic pain syndrome, and opioid dependence. Medications included Butrans patch, Ativan, Protonix and Lyrica. The progress reports do not document the patient's work status. MTUS Guidelines, pages 19-20, Anti-epilepsy Drugs section, have the following regarding Lyrica: "Pregabalin" Lyrica, no generic available "has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both". It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation". MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Ativan "for nerve type pain" is first noted in progress report dated 02/09/15. The patient has been taking the medication consistently since then. It is not clear when this treatment modality was initiated. As per progress report dated 06/20/15, medications help reduce pain from 4/10 to 2/10. However, this detail is not specific to Lyrica. Additionally, the treater does not document the impact of Lyrica on function, as required by MTUS page 60 for all pain medications. Hence, the request is not medically necessary.