

Case Number:	CM15-0136209		
Date Assigned:	07/24/2015	Date of Injury:	05/16/2014
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38-year-old who has filed a claim for chronic hand pain and alleged complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of May 16, 2014. In a utilization review report dated July 17, 2015, the claims administrator failed to approve a request for sublingual buprenorphine and oral Relafen. The claims administrator referenced a June 26, 2015 RFA form and an associated progress note of June 8, 2015 in its determination. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant reported ongoing complaints of headaches, hand pain, and finger pain. The applicant was on buprenorphine, Neurontin, and Relafen, it was reported. The attending provider reported having failed to complete a teleconference with the claims administrator. Medication selection and medication efficacy were not discussed. In a medical-legal report dated May 26, 2015, it was acknowledged that the applicant had failed to return to work and would be unable to return to her former occupation. In a June 8, 2015 progress note, the applicant reported ongoing complaints of hand and finger pain status post a recent stellate ganglion block. The applicant was using buprenorphine for analgesic effect, it was reported. The applicant was also using Neurontin as an adjuvant medication and Relafen for pain relief, it was reported. The applicant denied any illicit drug usage. Buprenorphine, Neurontin, and Relafen were all renewed. The attending provider stated that the combination of medications was providing "some pain relief," but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1 mg sublingual troches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; 7) When to Continue Opioids Page(s): 27; 80.

Decision rationale: No, the request for buprenorphine (Butrans) was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or Butrans is recommended in the treatment of opioid addiction and as an option for chronic pain in applicants who were previously detoxified of opioids and/or who have a history of opioid addiction, here, however, there is no mention of the applicant's having a history of prior opioid addiction. There is no mention of the applicant's using buprenorphine for the treatment of current opioid addiction. There is no mention of the applicant's using buprenorphine to wean or taper off other opioids on the June 8, 2015 progress note at issue. A clear rationale for introduction, selection, and/or ongoing usage of buprenorphine was not furnished. The applicant, furthermore, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant had failed to return to work, a medical-legal evaluator reported on May 26, 2015. While the attending provider recounted some reported reduction in pain scores effected as a result of ongoing buprenorphine usage on June 8, 2015, these reports were, however, not quantified and were, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing buprenorphine usage. Therefore, the request was not medically necessary.

Nabumetone-Relafen 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for Relafen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Relafen do represent the traditional first-line of treatment for various chronic pain conditions, this recommendation is, however, 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 applicant remained off of work, despite ongoing Relafen usage. Ongoing usage of Relafen failed to curtail the applicant's dependence on opioid agents such as buprenorphine or adjuvant medications such as Neurontin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of Relafen. Therefore, the request was not medically necessary.