

Case Number:	CM15-0142040		
Date Assigned:	07/31/2015	Date of Injury:	11/13/2002
Decision Date:	09/23/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/22/2015

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 68-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 13, 2002. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve requests for Relafen, buprenorphine, Lidoderm patches, Norflex, and a urine drug screen. The claims administrator referenced a June 30, 2015 RFA form in its determination, along with an associated progress note of June 11, 2015. In an appeal letter dated August 7, 2015, the attending provider appealed previously denied Relafen, Lidoderm patches, Norflex, and urine drug testing. The appeal letter was some 11 pages long. The attending provider acknowledged that the claimant had pain complaints as high as 8/10 despite ongoing medication consumption. The attending provider stated that the applicant had tried and failed various other medications including Topamax, Zanaflex, Vicodin, aspirin, and Tylenol before Lidoderm patches had been introduced. The applicant also had various epidural injections over the course of the claim, reportedly unsuccessful. The applicant had also undergone earlier failed shoulder surgery, it was reported. The attending provider contended that the applicant was using both sublingual buprenorphine and tramadol and found the combination to be helpful in terms of reducing the applicant's pain scores from 8/10 to 0/10. The attending provider also contended that the applicant's ability to perform housework and cooking in unspecified amounts have been ameliorated as a result of ongoing medication consumption. The applicant's work status was not explicitly stated. On July 9, 2015, the applicant reported ongoing complaints of low back pain, 8/10, with radiation of pain to bilateral lower extremities. The attending provider contended that previously prescribed buprenorphine, Norflex, Relafen, and Lidoderm patches had proven beneficial. The applicant's complete medication list, it was stated in another section of the note,

included Lidoderm, Norflex, sublingual buprenorphine, Relafen, allopurinol, hydrochlorothiazide, Lopressor, Prilosec, and tramadol-acetaminophen, it was reported. The applicant had failed multiple epidural steroid injections, it was reported. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. The applicant's gastrointestinal review of systems was negative for heartburn, it was incidentally noted. The attending provider suggested that the applicant was not performing home exercises by stating that the applicant needed physical therapy to instruct her on how to perform home exercises. On June 11, 2015, the applicant stated that she had missed her last five appointments owing to lack of transportation. The applicant was given prescriptions for sublingual buprenorphine, Relafen, Lidoderm patches, and Norflex. Transportation to and from visits was proposed while the applicant's permanent work restrictions were renewed. Little seeming discussion of medication efficacy transpired on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; 7) When to Continue Opioids Page(s): 26; 80.

Decision rationale: Similarly, the request for sublingual buprenorphine, an agonist-antagonist, was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine is recommended in the treatment of opioid addiction and is also recommended as an option for chronic pain purposes in applicants who have previously detoxified off of opioids who have a history of opioid addiction, here, however, the applicant was concurrently using a second opioid agent, tramadol-acetaminophen (Ultracet). It did not appear, thus, that the applicant was intent on employing buprenorphine for the purposes of treating opioid addiction and/or for the purposes of weaning or tapering off of other opioids. 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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the attending provider failed to clearly report the applicant's work status on office visit of July 9, 2015 or June 11, 2015 or via an appeal letter dated August 7, 2015. It did not appear, however, that the applicant was working with permanent limitations in place. While the attending provider's August 7, 2015 appeal letter did recount a reduction in pain scores from 8/10 without medications to 0/10 with medications, these reports were, however, outweighed by the applicant's seeming 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. The attending provider's commentary in a letter of August 7, 2015

to the fact that the applicant's medications were facilitating performance of unspecified housework and cooking as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful benefit derived as a result of ongoing medication consumption, including ongoing buprenorphine usage. Progress notes of July 9, 2015 and June 11, 2015 likewise failed to incorporate any significant discussion of medication efficacy. Therefore, the request was not medically necessary.

Lidoderm 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anti-convulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice 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's work status was not clearly reported on multiple office visits, referenced above. It did not appear, however, that the applicant was working with permanent limitations in place. Ongoing use of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as buprenorphine and tramadol-acetaminophen. The applicant was apparently unable to perform home exercises of her own accord, it was reported on July 9, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of the same. Therefore, the request was not medically necessary.

Orphenadrine-Norflex ER 100#30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Similarly, the request for Norflex, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend muscle relaxants such as Norflex with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 30-tablet supply of Norflex at issue implies chronic,

long- term, and/or daily usage of the same, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.