

Case Number:	CM15-0146569		
Date Assigned:	08/04/2015	Date of Injury:	03/04/2014
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/28/2015

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 (IW) is a 31-year-old female who sustained an industrial injury on 03-04-2014. Diagnoses include degeneration of lumbar, lumbosacral disc; sprains and strains of the neck; and long-term use of medications, not elsewhere classified. Treatment to date has included medications. According to the progress notes dated 6-10-2015, the IW reported continued extreme burning pain beginning in the low back, radiating to the groin and down her right leg to her toes. She complained of tenderness on her right side radiating to her vaginal area on the right side. She reported right neck pain which radiated down the right arm, right lower extremity weakness and sexual dysfunction. She also reported her pain medication was only relieving her pain for two to three hours. On examination, she was tearful and hysterical, reporting severe anxiety and depression. There was tenderness in the right knee and foot with weakness in the right lower extremity muscles. Spasms and guarding was noted in the lumbar spine. Medications were Gabapentin, Relafen, Protonix, and Buprenorphine sublingual troche. A request was made for Buprenorphine 0.1mg, sublingual troche, 1 tab under tongue every 6 hours (increased dose), #30pc, quantity: 120, number of refills: unlisted; Cyclobenzaprine -- Flexeril 7.5mg #90, 1 tab every 8 hours daily, number of refills: unlisted, related to low back pain, for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Buprenorphine 0.1mg, 1 tab under tongue every 5 hours: 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 Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88,89, 80,81, 26, 27.

Decision rationale: Based on the 06/10/15 progress report provided by treating physician, the patient presents with low back and right lower extremity pain. The request is for 2 Buprenorphine 0.1mg, 1 Tab Under Tongue Every 5 Hours. Patient's diagnosis per Request for Authorization from dated 06/26/15 includes degeneration lumbar lumbosacral disease. Diagnosis on 06/10/15 included sprains and strains of neck, and long-term use meds NEC. The patient has an antalgic gait. Physical examination to the lumbar spine on 06/10/15 revealed spasm, guarding, and tenderness to palpation to right paraspinals and sacroiliac joint. Range of motion was decreased, especially on extension 10 degrees. Straight leg raise test positive on the right. MRI of the lumbar spine dated 04/15/15, per 06/10/15 report demonstrates "minimal retrolisthesis is seen, L4-5 and L5-S1, with mild anterior spondylosis without focal protrusion, canal stenosis or neural foraminal narrowing." Treatment to date has included imaging studies and medications. Patient's medications include Buprenorphine, Cyclobenzaprine, Gabapentin, Namumetone, Pantoprazole, Naprosyn, Tylenol, and Vimovo. The patient may return to work on modified duty in a sedentary setting, per 06/10/15 report. Treatment reports were provided from 02/02/15 - 06/24/15. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS 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." For Buprenorphine, MTUS pages 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. Buprenorphine has been included in patient's medications, per progress reports dated 05/13/15, 05/26/15, and 06/10/15. It is not known when Buprenorphine was initiated. Per 06/10/15 report, patient states "the medication is only relieving her pain for 2- 3 hours." Treater continues to state the patient "is currently utilizing Buprenorphine but it does not relieve her pain for an adequate amount of time. We will increase her buprenorphine to allow for greater coverage of her pain throughout the day." In this case, treater has not stated how Buprenorphine reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. Treater has documented that medication is not efficacious. MTUS states that "function should include social, physical, psychological, daily and work activities." Urine drug screen dated 06/11/15 and 03/04/15 were provided. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Sublingual Troche #30pc, quantity: 120, no of refills: unlisted: 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 Medications for chronic pain Criteria For Use Of Opioids Page(s): 60,61, 76-78, 88,89, 80,81, 26, 27.

Decision rationale: Based on the 06/10/15 progress report provided by treating physician, the patient presents with low back and right lower extremity pain. The request is for Sublingual Troche #30pc, Quantity: 120 No of Refills: Unlisted. Patient's diagnosis per Request for Authorization from dated 06/26/15 includes degeneration lumbar lumbosacral disease. Diagnosis on 06/10/15 included sprains and strains of neck, and long-term use meds NEC. The patient has an antalgic gait. Physical examination to the lumbar spine on 06/10/15 revealed spasm, guarding, and tenderness to palpation to right paraspinals and sacroiliac joint. Range of motion was decreased, especially on extension 10 degrees. Straight leg raise test positive on the right. MRI of the lumbar spine dated 04/15/15, per 06/10/15 report demonstrates "minimal retrolisthesis is seen, L4-5 and L5-S1, with mild anterior spondylosis without focal protrusion, canal stenosis or neural foraminal narrowing." Treatment to date has included imaging studies and medications. Patient's medications include Buprenorphine, Cyclobenzaprine, Gabapentin, Namumetone, Pantoprazole, Naprosyn, Tylenol, and Vimovo. The patient may return to work on modified duty in a sedentary setting, per 06/10/15 report. Treatment reports were provided from 02/02/15 - 06/24/15. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS 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." For Buprenorphine, MTUS pages 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. This request for sublingual troche appears to be a duplicate request for Buprenorphine. Buprenorphine has been included in patient's medications, per progress reports dated 05/13/15, 05/26/15, and 06/10/15. It is not known when Buprenorphine was initiated. Per 06/10/15 report, patient states "the medication is only relieving her pain for 2-3 hours." Treater continues to state the patient "is currently utilizing Buprenorphine but it does not relieve her pain for an adequate amount of time... We will increase her buprenorphine to allow for greater coverage of her pain throughout the day."

In this case, treater has not stated how Buprenorphine reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. Treater has documented that medication is not efficacious. MTUS states that "function should include social, physical, psychological, daily and work activities." Urine drug screen dated 06/11/15 and 03/04/15 were provided. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Cyclobenzaprine -- Flexeril 7.5mg #90ms, 1 tab every 8 hours daily, quantity: 90, no of refills: Unlisted related to low back pain, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Based on the 06/10/15 progress report provided by treating physician, the patient presents with low back and right lower extremity pain. The request is for Cyclobenzaprine - Flexeril 7.5mg #90ms, 1 Tab Every 8 Hours Daily, Quantity: 90, No Of Refills: Unlisted Related To Low Back Pain, As Outpatient. Patient's diagnosis per Request for Authorization from dated 06/26/15 includes degeneration lumbar lumbosacral disease. Diagnosis on 06/10/15 included sprains and strains of neck, and long-term use meds NEC. The patient has an antalgic gait. Physical examination to the lumbar spine on 06/10/15 revealed spasm, guarding, and tenderness to palpation to right paraspinals and sacroiliac joint. Range of motion was decreased, especially on extension 10 degrees. Straight leg raise test positive on the right. MRI of the lumbar spine dated 04/15/15, per 06/10/15 report demonstrates "minimal retrolisthesis is seen, L4-5 and L5-S1, with mild anterior spondylosis without focal protrusion, canal stenosis or neural foraminal narrowing." Treatment to date has included imaging studies and medications. Patient's medications include Buprenorphine, Cyclobenzaprine, Gabapentin, Namumetone, Pantoprazole, Naprosyn, Tylenol, and Vimovo. The patient may return to work on modified duty in a sedentary setting, per 06/10/15 report. Treatment reports were provided from 02/02/15 - 06/24/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Cyclobenzaprine has been included in patient's medications, per progress reports dated 02/09/15 and 06/10/15. It is not known when Cyclobenzaprine has been initiated. Per 06/10/15 report, treater states: "We will add cyclobenzaprine as the patient reports spasms and tightness along her thoracic and lumbar paraspinal musculature." However, MTUS only recommends short-term use of muscle relaxants.

In this case, the patient has been dispensed Cyclobenzaprine at least since 02/09/15, and was dispensed #90 on 06/10/15. Furthermore, the current request for quantity 90 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.