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| Case Number: | CM15-0160341 | | |
| Date Assigned: | 08/26/2015 | Date of Injury: | 10/18/2010 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: Family Practice

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 49 year old female who sustained an injury on 10-18-10. The initial symptoms and complaints are not included in the medical report. An examination from 4-15-15 reports complaints of headache and neck pain and the pain continues to be worse. The injured worker is not sleeping well. The examination reports Spurling's test was noted to be positive; sensation was to be intact to light touch and there was weakness noted in the right grip. There was tenderness to palpation over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal and bilateral shoulders. Medications included Lunesta, Colace, Butrans patch 20 mcg to apply one weekly #4 for chronic pain; Topamax 50 mg twice a day #60, Zanaflex 4 mg one tablet three times a day for muscle spasms and Restoril 30 mg, one tablet four times a day. The injured worker is pending psychiatric evaluation for cognitive behavioral therapy and is pending a follow up with ENT. Treatment includes continue with home exercise program. Diagnosis tests include MRI cervical spine 4-4-11 and 6-6-11, EMG of the upper extremities on 11-21-12. Currently a reevaluation exam from 7-8-15 reports her current pain level is 7-8 out of 10 without medications and with medication the pain is rated 5 out of 10. Diagnoses are Cervicalgia; Cervical radiculopathy, Cervical disc protrusion, Cervical facet dysfunction; bilateral shoulder pain; Occipital neuralgia; Temporomandibular joint dysfunction, Anxiety; Depression; Myalgia; Headaches and Insomnia. The current treatment plan is to refill Topamax 50 mg one table twice a day, Zanaflex 4 mg tablet three times a day; Restoril 30 mg 1 table every night, Lunesta 2 mg table, 1 tablet every night #30, Colace 100 mg tablet twice a day 360 and Butrans patch 20 mcg patch apply one weekly #4. Random urine drug testing is also

being requested to determine levels of prescription and the presence of any non-prescriptive drugs. Current requested treatments are Butrans patch 20 mcg #4 and Urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buprenorphine for chronic pain, Opioids for chronic pain.

Decision rationale: The long term use of opioids is not supported by the MTUS guidelines for chronic non-malignant pain due to the development of habituation and tolerance. The MTUS guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day. The current MED (morphine equivalent dosage) is 120. The MTUS guidelines state that "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) (Ballantyne, 2003)" As noted by ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include decreased libido, osteoporosis, and depression. In addition, despite the high dosage of opioids, the medical records do not establish evidence of significant subjective or objective functional improvement. The medical records note that modification has been previously allowed on Utilization Review to allow for weaning. The request for Butrans patch 20mcg #4 is not medically necessary and appropriate.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for urine drug screen. The request for Urinalysis is not medically necessary and appropriate.