

Case Number:	CM15-0162700		
Date Assigned:	08/28/2015	Date of Injury:	09/29/2010
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/18/2015

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 60 year old male, who sustained an industrial injury on September 29, 2010. Treatment to date has included cognitive behavioral therapy, right cubital tunnel surgery, right shoulder injections, right shoulder surgery and medications. Currently, the injured worker complains of localized pain in the neck with intermittent radiating paresthesias to the arm and shoulder and the right triceps, wrist and along the radial aspect of the hand. He reports constant paresthesias into the hand. The injured worker reports a tremor for which he is being evaluated by a neurologist. He has right shoulder arthralgia and continues to have moderate persistent pain. On physical examination the injured worker had a stable neurological examination and demonstrated arthrosis of the left third digit. He has positive bilateral Tinel signs in the upper extremities at the elbow with local paresthesias radiating into the fourth and fifth fingers. The diagnoses associated with the request include cervical disc degeneration, right rotator cuff syndrome, right cubital tunnel syndrome, upper extremity repetitive strain and chronic pain. The treatment plan includes Butrans patch, Percocet, Nucynta, Wellbutrin and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20mcg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the neck, shoulder, elbow and trigger thumb pain. The request is for Butrans Patch 20mcg, Unspecified Quantity. Patient is status post right thumb trigger finger release, 12/30/14. Examination to the bilateral upper extremities on 07/13/15 revealed a positive Tinel sign bilaterally at the elbow with local paresthesias radiating into the fourth and fifth fingers. Per Request For Authorization form dated 07/13/15, patient's diagnosis include chronic cervical radiculopathy, R shoulder arthralgia, and R ulnar neuropathy. Patient's medications, per 05/19/15 progress report include Butrans Patch, Percocet, Nucynta, Wellbutrin, Lyrica. Patient is temporarily totally disabled. MTUS Guidelines, page 88-89, Criteria For Use of Opioids (Long-Term Users of Opioids) Section, 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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. Treater has not provided reason for the request. The patient has been prescribed the Butrans Patch since from 02/03/15 through 07/13/15, along with other opioids, Percocet and Nucynta. In this case, the treater does not document its impact on other opioid therapy, as there are no records indicating a decrease in utilizing the other opioid medications. The treater has not discussed how the Burtrans patch significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument has been used to show functional improvement. No opioid pain contract, or CURES available for review. No discussions regarding aberrant behavior were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Percocet 10/325mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the neck, shoulder, elbow and trigger thumb pain. The request is for Percocet 10/325mg, Unspecified Quantity. Patient is status post right thumb trigger finger release, 12/30/14. Examination to the bilateral upper extremities on 07/13/15 revealed a positive Tinel sign bilaterally at the elbow with local paresthesias radiating into the fourth and fifth fingers. Per Request For Authorization form dated 07/13/15, patient's diagnosis include chronic cervical radiculopathy, R shoulder arthralgia, and R ulnar neuropathy. Patient's medications, per 05/19/15 progress report include Butrans Patch, Percocet, Nucynta,

Wellbutrin, Lyrica. Patient is temporarily totally disabled. MTUS Guidelines, pages 88 and 89, Criteria For Use Of Opioids section 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 p 77 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." The treater has not specifically addressed this request. Review of the medical records provided indicate that Percocet has been included in patient's prescriptions from 02/03/15 through 07/13/15. In this case, treater has not discussed how Percocet significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, no UDS reports, etc. Given the lack of required documentation, the request is not medically necessary.

Nucynta 100mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the neck, shoulder, elbow and trigger thumb pain. The request is for Nucynta 100mg, Unspecified Quantity. Patient is status post right thumb trigger finger release, 12/30/14. Examination to the bilateral upper extremities on 07/13/15 revealed a positive Tinel sign bilaterally at the elbow with local paresthesias radiating into the fourth and fifth fingers. Per Request For Authorization form dated 07/13/15, patient's diagnosis include chronic cervical radiculopathy, R shoulder arthralgia, and R ulnar neuropathy. Patient's medications, per 05/19/15 progress report include Butrans Patch, Percocet, Nucynta, Wellbutrin, Lyrica. Patient is temporarily totally disabled. MTUS Guidelines, pages 88 and 89, Criteria For Use Of Opioids section 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 p 77 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." The treater

has not specifically addressed this request. Patient has been prescribed Nucynta since at least 02/03/15. MTUS requires appropriate discussion of the 4A's. However, in addressing the 4A's, treater does not discuss how Nucynta significantly improves patient's activities of daily living with specific examples of ADL's. There are no validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects, or aberrant drug behavior. No UDS, CURES or opioid contract was provided for review. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Wellbutrin SR 100mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Bupropion (Wellbutrin).

Decision rationale: The patient presents with pain in the neck, shoulder, elbow and trigger thumb pain. The request is for Wellbutrin Sr 100mg, Unspecified Quantity. Patient is status post right thumb trigger finger release, 12/30/14. Examination to the bilateral upper extremities on 07/13/15 revealed a positive Tinel sign bilaterally at the elbow with local paresthesias radiating into the fourth and fifth fingers. Per Request For Authorization form dated 07/13/15, patient's diagnosis include chronic cervical radiculopathy, R shoulder arthralgia, and R ulnar neuropathy. Patient's medications, per 05/19/15 progress report include Butrans Patch, Percocet, Nucynta, Wellbutrin, Lyrica. Patient is temporarily totally disabled. MTUS guidelines under: Specific Antidepressants, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines, pages 13-15, Antidepressants for Chronic Pain section states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patient with non-neuropathic chronic low back pain." Treater has not discussed this request. Patient received prescriptions for Wellbutrin from 02/03/15 through 07/13/15. Review of the medical records provided indicated that there was no mention of neuropathic pain the patient may have. Wellbutrin is supported by MTUS for patients with neuropathic pain, which this patient does not present with. Furthermore, MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.

Lyrica 100mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with pain in the neck, shoulder, elbow and trigger thumb pain. The request is for Lyrica 100mg, Unspecified Quantity. Patient is status post right

thumb trigger finger release, 12/30/14. Examination to the bilateral upper extremities on 07/13/15 revealed a positive Tinel sign bilaterally at the elbow with local paresthesias radiating into the fourth and fifth fingers. Per Request For Authorization form dated 07/13/15, patient's diagnosis include chronic cervical radiculopathy, R shoulder arthralgia, and R ulnar neuropathy. Patient's medications, per 05/19/15 progress report include Butrans Patch, Percocet, Nucynta, Wellbutrin, Lyrica. Patient is temporarily totally disabled. MTUS Guidelines, page 19-20, Anti-epilepsy drugs (AEDs) section, under Lyrica states: "Pregabalin (Lyrica) 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." The treater has not discussed this request. Review of the medical records indicate that the patient has been utilizing this medication since at least 02/03/15. However, the treater has not documented how Lyrica has impacted patient's pain and function. MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. This request does not meet guideline recommendations and therefore, is not medically necessary.