

Case Number:	CM15-0168805		
Date Assigned:	09/14/2015	Date of Injury:	06/01/2011
Decision Date:	10/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 injured worker is a 35 year old male, who sustained an industrial injury on 6-1-2011. He reported injuries to bilateral upper extremities and the neck from repetitive strain. Diagnoses include four limb Complex Regional Pain Syndrome (CRPS), arthritis; status post left shoulder arthroscopy and right shoulder arthroscopy. Treatments to date include activity modification, medication therapy, physical therapy, trigger point injections, and stellate sympathetic ganglion blocks. Currently, he complained of pain being "up and down and never going away." On 8-15-15, the physical examination documented tenderness with range of motion in the left shoulder and difficulty with right AC pivot. The plan of care included a trial of Belsomra 20mg and prescriptions were refilled as previously prescribed. The appeal requested authorization of Nucynta 75mg #240; Percocet 10-325mg #60; Butrans 20mcg-hour #4; Lyrica 150mg #90; Clonidine 0.01mg #30; Buprenorphine 8mg #120; and Clinoril 200mg #60. The Utilization Review dated 8-13-15, denied the request indicating that the documentation did not support that medical necessity had been met per California MTUS Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #240: 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 for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for any of the three narcotics that the patient has been taking. This patient is currently prescribed Nucynta, Percocet and Butrans for pain. The patient's current total daily opioid use is above the recommended maximum dose. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Nucynta 75mg #240 is not medically necessary.

Percocet 10/325mg #60: 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 for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for any of the three narcotics that the patient has been taking. This patient is currently prescribed Nucynta, Percocet and Butrans for pain. The patient's current total daily opioid use is above the recommended maximum dose. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Percocet 10/325mg #60 is not medically necessary.

Butrans 20mcg #4/hr: 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): Buprenorphine.

Decision rationale: Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of 18 months. Butrans 20mcg #4/hr is not medically necessary.

Lyrica 150mg #90: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for shoulder pain. Lyrica 150mg #90 is not medically necessary.

Clonidine 0.01mg #30: 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): Clonidine, Intrathecal.

Decision rationale: The off-label use of oral clonidine is common for the treatment of alcohol and opiate withdrawal. Anecdotal evidence supports its use. Results of studies have been mixed, however. Currently, the FDA has approved the use of only intrathecal clonidine in combination with another opiate for intractable cancer pain. The use of oral clonidine is not supported by the Official Disability Guidelines. Clonidine 0.01mg #30 is not medically necessary.

Buprenorphine 8mg #120: 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): Buprenorphine.

Decision rationale: According to the MTUS, Buprenorphine is recommended for the treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone). When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) there is no documentation that the patient is currently undergoing formal drug addiction treatment. Buprenorphine 8mg #120 is not medically necessary.

Clinonl 200mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Clinonl 200mg #60 is not medically necessary.