

Case Number:	CM15-0192905		
Date Assigned:	10/07/2015	Date of Injury:	04/05/1996
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	10/01/2015

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: New Jersey

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:

This is a 57 year old female who sustained an industrial injury on 4-5-1996. A review of the medical records indicates that the injured worker is undergoing treatment for chronic intractable pain, L4-S1 disc degeneration, L4-S1 stenosis, status post L4-S1 anterior posterior fusion, post-operative bilateral leg radiculopathy and left hip greater trochanteric bursitis. Medical records (5-28-2015 to 8-19-2015) indicate ongoing low back pain radiating to the bilateral lower extremities rated 4 to 5 out of 10 with medications and 6 to 10 out of 10 without medications. She complained of ongoing associated muscle spasms and intermittent cramping in the legs. Per the treating physician (8-19-2015), the injured worker was permanent and stationary. She was noted (8-12-2015) to have restricted, painful movement of the lumbar spine and diffuse tenderness at the lumbar sacral junction with specific tenderness over the L4-5 and L5-S1 segments. She had radicular symptoms with nerve pain in the bilateral lower extremities. The physical exam (8-18-2015) revealed a normal gait. The injured worker was non-tender over the pulse generator. Treatment has included physical therapy, chiropractic treatment, acupuncture, surgery, epidural injections, spinal cord stimulator and medications (Lyrica and Soma since at least 3-2-2015). Butrans patches were prescribed on 8-19-2015. Current medications (8-19-2015) included Lyrica, Soma, Norco and Prilosec. The original Utilization Review (UR) (8-31-2015) denied requests for Butrans patches, Lyrica and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15 mcg, Qty 4 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Buprenorphine.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS Chronic Pain Treatment Guidelines state that Buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that Buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker a trial of Butrans patches was initiated just prior to this request for renewal. However, there was insufficient reporting found in the notes regarding how effective this medication addition had been. There was only a baseline pain level found from prior to the addition of Butrans patch (5/10) with the then current medications, but no follow-up report on functional gains or pain reduction from its use. Therefore, the continuation of this medication cannot be justified without this evidence of measurable benefit. Therefore, the Butrans patch renewal will be considered medically unnecessary until this is provided for review.

Lyrica 100 mg Qty 60 with 2 refills: Upheld

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

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

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was no found documents for those provided for review to show when the Lyrica was started and first follow-up on to report how effective it was at reducing symptoms, nor was there a recent report found to state how currently it was reducing symptoms and by how much (>30%). Without this evidence of benefit, independent of the other pain medications used, it is difficult to justify this request for continuation of Lyrica. Therefore, it will be considered medically unnecessary until this evidence of benefit is presented for review.

Soma 350 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that Carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of Carisoprodol. In the case of this worker, there was record of Soma use chronically leading up to this request for renewal. However, there was insufficient reporting found discussion how effective this medication was at reducing muscle spasm and related pain or how it improved overall function, measurably, which is required in order to justify its continuation. Regardless, there was no evidence found that this case was an exception to the general MTUS Guideline recommendations to avoid chronic use of this drug class. Therefore, Soma will be considered medically unnecessary at this time. Weaning may be indicated.