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| Case Number: | CM15-0193098 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 12/08/2009 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/02/2015 |
| 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: 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:

This 39 year old female sustained an industrial injury on 12-8-09. Documentation indicated that the injured worker was receiving treatment for reflex sympathetic dystrophy of the left shoulder, vitamin D deficiency, bilateral knee pain and cervical discogenic syndrome. Recent treatment plan included consisted of medication management. In an anesthesiology initial evaluation dated 7-13-15, the injured worker complained of pain to the left shoulder and arm, bilateral knees and neck. The injured worker had trialed and failed Neurontin and Lyrica. Current medications consisted of Trazodone, Norco, Flexeril, HCTZ and Ultram. Physical exam was remarkable for cervical spine range of motion: flexion 15 degrees and extension 10 degrees. The neck was "stiff and moved with difficulty", lumbar spine with positive bilateral straight leg raise and lumbar range of motion: flexion 70 degrees and extension 10 degrees. The injured worker walked with a guarded gait favoring bilateral knees. The treatment plan included continuing current medications, adding Butrans and Elavil and obtaining a cervical spine magnetic resonance imaging. In an anesthesiology follow-up report, dated 8-10-15, the injured worker complained of left shoulder and arm pain, bilateral knee pain and neck pain. Physical exam was unchanged. The treatment plan included magnetic resonance imaging cervical spine in case there is an injury perpetuating reflex sympathetic dystrophy in the left arm, a left stellate block and medications (Butrans, Elavil, Zonegran, Trazodone, Flexeril, HCTZ and Ultram). On 9-2-15, Utilization Review noncertified a request for Butrans 15mcg per hour #4 and Elavil 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15 mcg/hr #4: 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: Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, Butrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Buprenorphine has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic 2009 injury. Medical necessity for continued treatment has not been established for Buprenorphine. The Butrans 15 mcg/hr #4 is not medically necessary and appropriate.

Zonegran 25 mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: Zonegran is an antiseizure drug chemically classified as a sulfonamide and unrelated to other antiseizure agents. Zonegran is indicated as adjunctive therapy in the treatment of partial seizures in adults with epilepsy. Additionally, Zonegran is among the antiepileptic drugs (AEDs) most recently approved as an option in the treatment of neuropathic pain. While these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience. However, in the interim, these agents should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. Although there is noted failed trial of Gabapentin, considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or

neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic injury. Previous treatment with ZONEGRAN has not resulted in any functional benefit and medical necessity has not been established. The ZONEGRAN 25 mg #30 is not medically necessary and appropriate.