

Case Number:	CM15-0195798		
Date Assigned:	10/09/2015	Date of Injury:	01/01/2003
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Illinois

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 57 year old female who sustained an industrial injury on 1-1-2003. The medical records indicate the injured worker has been diagnosed of cervical disc displacement without myelopathy. According to the progress report dated 9-3-2015, the injured worker presented with complaints of neck pain with radiation into the right upper extremity, associated with numbness down the right ulnar aspect of the arm to the 4th and 5th digits of the right hand. She notes her pain is worse with turning her head to the right and with repetitive activities using the right arm. Per notes, the Buprenorphine is reducing her pain from 10 out of 10 down to 3-4 out of 10. The physical examination of the right upper extremity reveals decreased motor strength (4 out of 5) with abduction. The current medications are Buprenorphine (since at least 8-6-2015), Gabapentin, Nabumetone (since at least 8-6-2015), Orphenadrine, Divalproex, Lexapro, Lorazepam, Prednisone, and Ranitidine. Previous diagnostic studies include MRI of the cervical spine. Treatments to date include medication management. Work status is described as permanent and stationary. The original utilization review (9-17-2015) partially approved a request for Buprenorphine #60 (original request was for #90). The request for Nabumetone was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.25mg #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): Buprenorphine, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Buprenorphine for chronic pain.

Decision rationale: The injured worker sustained a work related injury on 1-1-2003. The medical records provided indicate the diagnosis of cervical disc displacement without myelopathy. Treatments have included Buprenorphine, Gabapentin, Nabumetone, Orphenadrine, Divalproex, Lexapro, Lorazepam, Prednisone, and Ranitidine. The medical records provided for review do not indicate a medical necessity for: Buprenorphine 0.25mg #90. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she was responding well to Norco (Hydrocodone/Acetaminophen) under her primary care doctor, and she had taken this for about one year until she transferred to the current provider when her workers' compensation treating doctor closed her office. It was when she transferred to this current doctor in 07/2015 that she was placed on Buprenorphine in place of Norco. The records indicate she is responding better to this medication, she has a pain contract and consistent urine drug screen. Nevertheless, the Official Disability Guidelines does not recommend this medication for first-line use, the records indicate she had good response to the Norco, and therefore there is no need to replace with a second line medication. The MTUS states that its indication is treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone): Recommended. When used for treatment of opiate dependence. Therefore, considering that Norco is effective, the injured worker's diagnosis does not include opioid dependence, the requested treatment is not medically necessary.

Nabumetone Relafen 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision rationale: The injured worker sustained a work related injury on 1-1-2003. The medical records provided indicate the diagnosis of cervical disc displacement without

myelopathy. Treatments have included Buprenorphine, Gabapentin, Nabumetone, Orphenadrine, Divalproex, Lexapro, Lorazepam, Prednisone, and Ranitidine. The medical records provided for review do not indicate a medical necessity for: Nabumetone Relafen 500mg #90. The MTUS recommends the use of the lowest dose of NSAIDs for the short-term treatment of moderate to severe pain. The medical records indicate the medication was started in 08/2015 and this has been associated with improved pain and activities of daily living. Nevertheless, the medical records indicate the necessary precaution is not being done to prevent gastrointestinal side effect, renal failure and other side effects on this injured worker who is also taking prednisone. The injured worker is taking ranitidine, an H2 blocker, rather than a proton pump inhibitor, for gastrointestinal events; the medical records do not indicate the injured worker is being monitored for kidney and liver functions, nor is the injured worker being monitored for blood count, as is recommended by the MTUS. The request is not medically necessary.