

Case Number:	CM15-0202156		
Date Assigned:	10/19/2015	Date of Injury:	06/12/2012
Decision Date:	12/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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 York

Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 6-12-2012. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy and sacroiliac pain. A progress note dated 3-20-2015 reported the injured worker complained of low back pain rated 8-10 out of 10. A more recent progress report dated 9-4-2015, reported the injured worker complained of low back pain rated 10 out of 10. Physical examination revealed flexion and extension was limited by pain and there was tenderness to palpation of the paravertebral muscles with spasm and tenderness. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), physical therapy, Astelin (since at least 3-20-2015), Butrans (since at least 3-20-2015), Flexeril (since at least 3-20-2015), Oxycodone (since at least 3-20-2015) and Cymbalta. The physician is requesting Astelin NS #1 with q refill, Butrans 10mcg per hour patch #4 with 1 refill, Flexeril 5mg #30 with 1 refill and Oxycodone HCL IR 5mg with 1 refill. On 9-16-2015, the Utilization Review noncertified the request for Astelin NS #1 with q refill, Butrans 10mcg per hour patch #4 with 1 refill, Flexeril 5mg #30 with 1 refill and Oxycodone HCL IR 5mg with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Astelin NS #1 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines including Uptodate were reviewed. Astelin (azelastine) is an antihistamine that reduces the effects of natural chemical histamine in the body. Histamine can produce symptoms of sneezing, itching, watery eyes, and runny nose. Astelin is used off label to prevent irritation from skin patches. As Butran patch is determined not medically necessary, the requested treatment Astelin NS #1 with 1 refill is not medically necessary or appropriate.

Butrans 10mcg/hr patch #4 with 1 refill: 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 (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. Topical analgesics are not first line therapy, there is no documentation of failure of antidepressants and anticonvulsants. As per MTUS it is recommended for treatment of opiate addiction. In this injured worker there is no documentation of opiate addiction or detoxification. There is also no documentation of this particular medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication Butrans 10mcg/hr patch #4 with 1 refill is not medically necessary.

Flexeril 5mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter -- Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment: Flexeril 5mg #30 with 1 refill is not medically necessary.

Oxycodone HCL IR 5mg #30 with 1 refill: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Opioids.

Decision rationale: According to ODG and MTUS, Oxycodone is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. According to ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of functional improvement from ongoing opiate therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.