

Case Number:	CM15-0020703		
Date Assigned:	02/10/2015	Date of Injury:	05/27/2009
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/04/2015

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:

The injured worker is a 59 year old female, who sustained an industrial injury on May 27, 2009. The diagnoses have included low back pain, discogenic low back pain, and post laminectomy. Treatment to date has included a home exercise program and medications. Currently, the injured worker complains of continued low back pain with radiation to leg at times. The Primary Treating Physician's report dated December 30, 2014, noted the injured worker with limited function due to pain, with depression due to the loss of function. The Physician noted the injured worker with limited range of motion (ROM) of the back in all directions with tenderness to palpation over the spinous process in the lumbar region and the muscles of the gluteal region. On January 8, 2015, Utilization Review non-certified Norco 10/325mg #90, Butrans 5mcg #12/3months, and Lorazepam 1mg #180/3months, noting the clinical information submitted for review failed to meet the evidence based guidelines for the requested medications, and a three month supply of the Butrans and Lorazepam would not be supported without a reevaluation to determine treatment success. The UR Physician noted there was a lack of documentation supporting a continuation of these medications, however as the guidelines did recommend weaning, the requests were partially certified to approve Butrans 5mcg #6 with no refills, Lorazepam 1mg #90 with no refills, and Norco 10/325mg #45 with no refills. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #90, Butrans 5mcg #12/3 months, and Lorazepam 1mg #180/3months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #90 is not medically necessary and appropriate.

Butrans 5mcg #12/3months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, pages 26-27.

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 injury. Medical necessity for continued treatment has not been established for Buprenorphine. The Butrans 5mcg #12/3months is not medically necessary and appropriate.

Lorazepam 1mg #180/3 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

Decision rationale: Lorazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Lorazepam is used for the short-term relief anxiety symptoms, usually up to 4 weeks as long-term efficacy is unproven with risk of dependency. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Lorazepam's continued use for the chronic injury nor is there documented functional efficacy from treatment already rendered. The Lorazepam 1mg #180/3 Months is not medically necessary and appropriate.