MAXIMUS Federal Services

Case Number:	CM15-0211748		
Date Assigned:	10/30/2015	Date of Injury:	01/14/2014
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/27/2015

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, New York, California
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 applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 14, 2014. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for Butrans patches and Nortriptyline (Pamelor). The claims administrator referenced a September 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 30, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to left leg, 7/10 without medications versus 2-3/10 with medications. The attending provider acknowledged that the applicant was not working but was apparently in the process of interviewing for jobs, it was stated in one section of the note. The applicant's medications included Norco, Adderall, Requip, Lexapro, Imitrex, Zoloft, Xanax, and Butrans patches, the treating provider reported. The attending provider contended that the applicant's ability to do household chores in unspecified amounts had been ameliorated as a result of ongoing medication consumption while acknowledging that activities of daily living to include bending and lifting remained problematic. The attending provider suggested that the applicant had lost 9 pounds. The treating provider contended that the applicant's ability to exercise and walk up to a mile daily had been ameliorated as a result of ongoing medication consumption. Previously denied Butrans was appealed. The attending provider also stated that he was appealing the denial of Pamelor (Nortriptyline). There was no mention of the applicant's using Nortriptyline in the body of the report. On September 2, 2015, the treating provider stated that Nortriptyline was helping with pain and sleep. This was not, however, quantified. Nortriptyline, Norco, and

Butrans were all seemingly endorsed. Once again, the treating provider acknowledged that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mg #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: No, the request for Butrans (buprenorphine) was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or Butrans is recommended in the treatment of opioid addiction and is also recommended as an option for chronic pain purposes in applicants who have previously detoxified off of opioids who do have a history of opioid addiction, here, however, it did not appear that the attending provider was intent on employing Butrans for opioid addiction or opioid dependence purposes. There was no mention of the applicant's having previously detoxified off of opioids on the September 30, 2015 office visit at issue. The fact that the applicant was concurrently using a separate short-acting opioid agent, Norco, strongly suggested that the attending provider was not intent on employing Butrans (buprenorphine) for the opioid addiction and/or opioid dependence purposes for which it is espoused, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Nortriptyline 25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antidepressants for chronic pain.

Decision rationale: Similarly, the request for Nortriptyline (Pamelor), a tricyclic antidepressant, was not medically necessary, medically appropriate, or indicated here. The attending provider stated on his September 2, 2015 office visit that Nortriptyline had been employed for chronic pain and sleep purposes. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic antidepressants such as Nortriptyline (Pamelor) are a first-line option for neuropathic pain, as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication"

into his choice of recommendations. Here, however, the applicant was not working; it was acknowledged on office visits of September 2, 2015 and September 30, 2015. Usage of Nortriptyline (Pamelor) failed to curtail the applicant's dependence on opioid agents such as Norco and Butrans or benzodiazepines such as Xanax. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of 2 separate sedating agents, Nortriptyline and Xanax. Therefore, the request is not medically necessary.