MAXIMUS Federal Services

Case Number:	CM15-0036037		
Date Assigned:	03/04/2015	Date of Injury:	07/02/2010
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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: Family Practice

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 50 year old male who sustained an industrial injury on July 2, 2010. He has reported severe neck pain and has been diagnosed with neck pain, radicular pain, degenerative disc disease and degenerative joint disease thoraco lumbar. Treatment has included injections, physical therapy, and medications. Currently the injured worker complains of severe neck pain with neck stiffness, and neck discomfort. The treatment plan included injections and medications. On February 10, 2015 Utilization Review modified butrans transdermal patch 20 mcg/hr, cymbalta 60 mg, and norco 10/325 mg citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans transdermal patch 20mcg/hr #24: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter,Buprenorphine for chronic pain.

Decision rationale: According to ODG, Buprenorphine transdermal system (Butrans; no generics) is FDA-approved for moderate to severe chronic pain. According to the MTUS guidelines, opioids are not recommended for chronic non-malignant pain. The MTUS guidelines not that long term use of opioids leads to dependence and tolerance. Furthermore, the MTUS guidelines not that in order to support continued opioid use, there must be documented improvement in pain and function. In this case, there has been no documented improvement in pain or function despite ongoing opioid use. The MTUS guidelines note that "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) (Ballantyne, 2003)". The medical records note that modification has been rendered to allow for weaning of this medication. The request for Butrans transdermal patch 20mcg/hr #24 is not medically necessary.

Cymbalta 60mg #300: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

Decision rationale: According to the MTUS guidelines, Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. In this case, the injured worker is being followed for chronic neuropathic pain and the request for this medication as a first line adjuvant is supported. The request for Cymbalta 60mg #300 is medically necessary.

Retro Norco 10/325mg #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: According to the MTUS guidelines, opioids are not recommended for chronic non-malignant pain. The MTUS guidelines not that long term use of opioids leads to dependence and tolerance. Furthermore, the MTUS guidelines not that in order to support continued opioid use, there must be documented improvement in pain and function. In this case, there has been no documented improvement in pain or function despite ongoing opioid use. The MTUS guidelines note that "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) (Ballantyne, 2003)". The medical records note that modification has

been rendered to allow for weaning of this medication. The request forRetro Norco 10/325mg #84 is not medically necessary.