

Case Number:	CM15-0040876		
Date Assigned:	03/11/2015	Date of Injury:	09/11/2009
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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 46-year-old female who sustained a work related injury September 11, 2009. Past history includes major depressive disorder, generalized anxiety disorder. According to a pain management re-evaluation dated January 21, 2015, the injured worker presented with complaints of neck pain with radiation down the bilateral upper extremities with numbness to the level of the hands. Upper extremity pain is bilaterally in the elbows, fingers, hands, shoulders and wrists. There is low back pain, which radiates down the bilateral lower extremities. The pain is rated 8/10 with medication and 10/10 without medication. She reports using a TENS unit three times a day for the last three years. She is bed-bound without assistance and wears a diaper for complaints of diarrhea. Diagnoses included cervical disc degeneration; cervical facet arthropathy; cervical radiculopathy; s/p cervical spinal fusion; bilateral carpal tunnel syndrome; headaches; chronic pain, other; and s/p head trauma. Treatment plan included assessment of pain level and disability; renew medications, and a new spine surgeon evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg Patch, QTY: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Butrans.

Decision rationale: The patient presents with neck, low back, and upper extremity pain. The patient is status post neck surgery from 04/19/2014. The physician is requesting Butrans 20 Mcg Patch Quantity Four. The RFA from 01/15/2015 shows a request for Butrans 20 mcg quantity four. The patient's date of injury is from 09/11/2009 and she is currently not working. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Pain chapter recommend Butrans as an option for treatment of chronic pain in selected patients. It is suggestive for patients with hyperalgesic component to pain, centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opiate maintenance, for analgesia in patients who have previously been detoxified from other high-dose opioids. Butrans patch contains buprenorphine, an opiate pain medication, use to treat moderate to severe chronic pain. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior. As well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Butrans patch on 01/07/2015. The 01/21/2015 progress report shows that the patient's pain level is at 10/10 without medication and 8/10 with medication use. The patient reports GERD related gastrointestinal upset. She notes activities of daily living limitations in the following areas: self-care, hygiene, activity, ambulation, hand function, sleep and sex. The physician also references the CURES report from November 7, 2014, which is consistent to prescribed medications. However, this report was not made available. It was further noted that the patient has developed opiate tolerance due to long-term opiate use. She reports severe pain and states that her opioid medications are "not as effective overtime." The patient is willing to consider detox. In this case, the patient's current medication regimen is "not as effective overtime" and the continued use of Butrans is not warranted. The request IS NOT medically necessary.

Percocet 5mg/325mg tablets, QTY: 120: 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 criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck, low back, and upper extremity pain. The patient is status post neck surgery from 04/19/2014. The physician is requesting PERCOCET 5

MG/325 MG TABLETS QUANTITY 120. The RFA from 01/13/2015 shows a request for Percocet 5/325 quantity 120. The patient's date of injury is from 09/11/2009 and she is currently not working. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Percocet on 01/07/2015. The 01/21/2015 progress report, notes that the patient's pain level without medication is 10/10 and 8/10 with medication use. The patient reports GERD. Her activities of daily living includes limitation in self-care, hygiene, activity, ambulation, hand function, sleep, and sex. The physician references the CURES report from 11/07/2014 that is consistent to her prescribed medications. However, this report was not made available. In the same report, the patient states, "Opioid pain medications not as effective overtime. Willing to consider detox." In this case, medication efficacy has not been established for the continued use of Percocet. The patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.

Naloxone 0.4mg/mL (2 pre-filled syringes) emergency kit, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Naloxone.

Decision rationale: The patient presents with neck, low back, and upper extremity pain. The patient is status post neck surgery from 04/19/2014. The physician is requesting Naloxone 0.4 Mg/ML 2 Pre-Filled Syringes Emergency Kit Quantity One. The RFA from 01/13/2015 does not show a request for Naloxone. The patient's date of injury is from 09/11/2009 and she is currently not working. The MTUS and ACOEM guidelines do not discuss this request. However, the ODG guidelines under the Pain chapter on Naloxone states, "Recommended in hospital-based and emergency department settings as currently indicated to address opioid overdose cases. Recommended on a case-by-case basis for outpatient, pre-hospital use, to treat opioid overdose for patients who are prescribed opioids for acute and chronic pain (malignant and non-malignant) due to documented pathology." Criteria includes: complete documentation of history including prior drug and alcohol use, evidence that education has been provided to the patient; evidence that the patient has been counseled about drug use; evidence that the patient has been given information about the risk of overdose, etc. The records do not show any previous Naloxone use. The report making the request was not made available. The patient's current list of medications include Butrans patch, Wellbutrin, suboxone, Gabapentin, lidocaine 2%, omeprazole, Percocet, Anusol-HC. The physician does not discuss opioid overdose, prior drug and alcohol history, etc. In this case, the required criteria for the use of Naloxone has not been met. The request IS NOT medically necessary.