

Case Number:	CM15-0044775		
Date Assigned:	03/17/2015	Date of Injury:	03/12/1999
Decision Date:	04/20/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 male, who sustained an industrial injury on 03/12/1999. He has reported injury to the low back. The diagnoses have included lumbago; displacement lumbar disc without myelopathy; degeneration lumbar/lumbosacral intervertebral disc; pain in thoracic spine; and chronic neuropathic pain. Treatment to date has included medications, diagnostic studies, and physical therapy. Medications have included Lidoderm patch and Butrans patch. A progress note from the treating physician, dated 01/28/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of lumbar pain; bilateral foot pain; and bilateral foot numbness. Objective findings included lumbar spine movement is severely restricted in all directions, pain elicited in all directions; left and right lower extremity strength of the major groups is 4/5; antalgic gait; and reflexes are generally hyporeflexic bilaterally. The treatment plan has included diagnostic studies and prescription medications. Request is being made for Butrans 5 mcg #4 with 1 refill; and for Metanx 3/25/2 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg #4 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Butrans.

Decision rationale: MTUS states that Suboxone, which is a brand name of the drug known as buprenorphine, is "recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction". ODG states "Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence." The ODG states that Suboxone is "recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." The employee is using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for using Suboxone instead of one of the first line agents. Therefore, the request for Butrans 5mcg #4 with 1 refill is not medically necessary.

Metanx 3/25/2mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Pain Procedure Summary last updated (1/19/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Medical foods - Mental Illness & Stress, Folate and Other Medical Treatment Guidelines <https://www.metanx.com/>.

Decision rationale: Metanx "is a natural, pure prescription multivitamin that contains L-methylfolate, folinic acid, and folic acid" and is intended for symptomatic relief of depression, per the manufacturer's insert. MTUS and ACOEM are silent concerning Metanx. ODG does not recommend for or against Folate, which is a major component of Enlyte, in cases of mental illness. ODG states regarding folate, "Under study. The limited available evidence suggests folate may have a potential role as a supplement to other treatment for depression. It is currently unclear if this is the case both for people with normal folate levels and for those with folate deficiency." In addition ODG states that a medical food is "Definition: Defined in section 5 (b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered eternally under the supervision of a physician and which is intended for the

specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision." The medical documents do not indicate the distinctive nutritional requirement for which Metanx would be used. As such, the request for Metanx 3/25/2mg #60 with 2 refills is not medically necessary.