

Case Number:	CM15-0048968		
Date Assigned:	03/20/2015	Date of Injury:	08/07/1994
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 54 year old female who sustained a work related injury August 7, 1994. According to a treating physician's notes, dated February 18, 2015, the injured worker presented with continuing low back pain which radiates to the neck, rated 8/10 without medication and 5/10 with medication. She reports to having lost 75 of the 100 pounds she gained while on steroids. She is requesting a trigger point injection but the physician documents she had been receiving them every two weeks for two years and he declined to provide an injection. Diagnoses are documented as lumbago and cervicgia. Treatment plan included requests for authorization for Butrans patch, Lidoderm patch, and replacement of self-adhering electrodes for TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 10mcg x 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine Page(s): 74-95, pages 26-27.

Decision rationale: Butrans (buprenorphine patch) is a unique opioid (a partial agonist at the mu receptor) used for pain control that also acts as an antagonist at the kappa receptor. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include such elements as the current pain intensity and the pain intensity after taking the opioid medication, among others. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the neck. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. The records reported that this medication significantly improved the worker's pain intensity. In light of this supportive evidence, the current request for a trial with four Butrans (buprenorphine patch) 10mcg/h patches is medically necessary.

Lidoderm patch 5% x 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics, Lidocaine Page(s): 56-57, page 112.

Decision rationale: The MTUS Guidelines describe topical lidocaine is recommended to treat localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the neck. There was no discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty Lidoderm (topical lidocaine) 5% patches is not medically necessary.

Self-adhering electrodes 2x2 in. for a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating any of the conditions or situations described above, detailing the results of a one-month TENS trial or the circumstances under which it was done, describing short- and long-term therapy goals, indicating how long the worker used this treatment, or suggesting TENS provided improved pain intensity or function. In the absence of such evidence, the current request for self-adhering electrodes that are 2x2 for a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.