

Case Number:	CM15-0051372		
Date Assigned:	03/27/2015	Date of Injury:	01/28/1999
Decision Date:	05/04/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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 39 year old male, who sustained an industrial injury on 01/28/1999. The injured worker is currently diagnosed as having cervical post-laminectomy syndrome and chronic pain. Treatment to date has included physical therapy and medications. In a progress note dated 02/17/2015, the injured worker presented with complaints of pain, which is stable on current medications, stating pain level with medications is 5/10 and pain level without medications is 10/10. The treating physician reported prescribing hydrocodone/acetaminophen, buprenorphine, and Effexor, which help manage his pain and allow him to function and work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL (hydrochloride) 8 mg tablets, Qty 90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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

Decision rationale: Buprenorphine 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 upper back pain that goes into the right arm with headaches and problems sleeping. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication significantly improved the worker's pain intensity and function. In light of this supportive evidence, the current request for a trial with ninety tablets of buprenorphine hydrochloride 8mg with one refill is medically necessary.

Effexor XR 75 mg /capsule Qty 60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123. Decision based on Non-MTUS Citation Velafaxine: Drug information. Topic 10042, version 131.0. UpToDate, accessed 12/01/2014.

Decision rationale: Effexor-XR (venlafaxine) is a long-acting medication in the selective serotonin and norepinephrine reuptake inhibitor (SNRI) class. The MTUS Guidelines recommend this medication as a first line treatment of neuropathic pain, especially when tricyclic antidepressant medication is not helpful or cannot be used. It is also FDA-approved for depression and anxiety disorders. The submitted and reviewed documentation indicated the worker was experiencing upper back pain that goes into the right arm with headaches and problems sleeping. Venlafaxine was prescribed as part of a multimodality pain management approach. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication significantly improved the worker's function and self-directed coping. In light of this supporting evidence, the current request for sixty tablets of Effexor-XR (venlafaxine) 75mg with one refill is medically necessary.

Hydrocodone-Acetaminophen 10/325 mg / tablet, Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. 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. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. 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. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing upper back pain that goes into the right arm with headaches and problems sleeping. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication significantly improved the worker's pain intensity and function. In light of this supportive evidence, the current request for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is medically necessary.