MAXIMUS Federal Services

Case Number:	CM15-0056165		
Date Assigned:	04/01/2015	Date of Injury:	12/02/2008
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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: New Jersey
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 61 year old female, who sustained an industrial injury on December 2, 2008. She reported a fall onto her right hip. About one month later, she fell and injured her left wrist. The injured worker was diagnosed as having neuropathic leg pain (reflex sympathetic dystrophy /complex regional pain syndrome) and bilateral orthopedic wrist injury with triangular fibrocartilage complex (TFCC) tears. Treatment to date has included x-rays, CT scan, MRI, electrodiagnostic studies, and anti-epilepsy, oral pain, topical pain, antidepressant, and anticonvulsant medications. On March 18, 2015, the injured worker complains of constant severe pain. She is not receiving her medications currently. She is using pain medication from another provider. Her pain is better with warmth and worse with cold. Her hands were drawn in on the pain diagram. The physical exam revealed tenderness and deformity of the wrist and allodynia of the left leg. The treatment plan includes topical pain, antidepressant, and anticonvulsant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mc #4 with 3 refills: 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 ODG, Pain section Buprenorphine.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, although starting Butrans produced a reported reduction in pain as documented in the notes, however, there has since been missing any report on the functional gains directly related to this addition from months ago. Documentation of functional gains needs to be specific and also compared to functional status without the use of Butrans in order to justify its continuation. Therefore, the Butrans patch will be considered not medically necessary until this is provided for review.

Gabapentin 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti=epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, the additional of gabapentin, according to the documentation found in the notes, did not produce a significant reduction in reported pain levels with its use. Also, there was no report of functional gains directly related to this medication. Therefore, the gabapentin will be considered not medically necessary at this time until this more clear evidence of benefit (independent of the other medications used).

Pamelor 25mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, the addition of Pamelor did not produce a change in the reported pain levels, for which it was prescribed. Although attempting to use a medication such as this for neuropathic pain is reasonable, if there is no clear evidence of benefit independent of other medication use, the continuation cannot be justified. Therefore, the Pamelor will be considered not medically necessary.