

Case Number:	CM15-0057155		
Date Assigned:	04/02/2015	Date of Injury:	07/16/2008
Decision Date:	06/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/25/2015

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 York
 Certification(s)/Specialty: Emergency 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 has reported multifocal pain after falling on 07/16/2008. The recent diagnoses include cervical sprain, lumbar strain, right shoulder impingement syndrome, carpal tunnel syndrome, and chronic pain syndrome. Treatment has included multiple extremity surgeries, physical therapy, chronic opioids, and chronic other medications. The orthopedic surgeon reports of 2014-2015 list a modified work status. Neck, back, and extremity symptoms were present. No medications were prescribed. Reports from the pain management physician during 2014-2015 show ongoing neck and arm pain. Medications reduce pain from 8-9/10 to 3-6/10. Butrans, Norco, tramadol, and gabapentin were prescribed chronically. Medications allowed her to clean her house and do other light activities of daily living, but not sweep or mop. She is stated to have returned to work, although the work status is listed as "per the primary treating physician." The actual kinds of work performed were not discussed. A urine drug screen was collected on 1/20/15 and 11/3/15. A urine drug screen result from what appears to be 11/5/14 was negative for all drugs tested. There was no test for buprenorphine, tramadol, or hydrocodone. "Opiates" were negative. None of the physician reports discuss the specific results of drug tests but refer to them as "consistent with prescribed medications." Current pain was 9/10 on 12/1/14 and 7/10 on 11/3/14. On 10/2/14 function was reportedly decreased due to medication denial. The reports do not address the specific functional benefit from each medication or the pattern of use for any single medication. Per the PR2 of 02/23/2015, there were neck and bilateral upper extremity symptoms. Current pain was 8/10. Pain was also reported to be 3/10 with medications and 8-9/10 without medications. The

medications were all used daily, and helped with pain, swelling, and numbness. Specific improvements in function were not described. The injured worker was stated to have returned to work but the work status was "per the primary treating physician." Butrans, gabapentin, Norco 10/325mg and tramadol 50mg were continued. There was no discussion of any specific urine drug screen results. On 3/12/15 Utilization Review partially certified Butrans, gabapentin, Norco, and tramadol. Note was made of the lack of sufficient functional benefit. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Butrans patches 20mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mechanical and compressive etiologies. Medication trials Buprenorphine Page(s): 77-81, 94, 80, 81, 60, 26.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The treating physician refers to a return to work but never defines what sort of activity is implied by that work. The formal work status itself has not been addressed. A treatment plan which does not address specific work capabilities represents an inadequate emphasis on functional improvement. The treating physician has stated that the drug screens are consistent with the prescriptions, which they are in a very general sense, as they do not show the presence of non-prescribed substances. However, the one drug test result that was present in the records did not test for any of the prescribed drugs. To be valid, a drug test must test for the prescribed opioids, as lack of intake of the prescribed drugs is as important as intake of non-prescribed drugs. There is therefore no sufficient drug testing in the records. The reported pain levels are contradictory. Pain relief is reportedly substantial with the medications, yet at the office visits the reported pain level as the upper end of the scale, presumably while the injured worker was taking the prescriptions. In addition, none of the reports address specific symptom relief and functional benefit for the individual medications rather than all of the medications as a group. Buprenorphine has agonist and antagonist actions. It will block the effect of other agonist opioids. It is not clear why it has been prescribed along with two agonist opioids. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the above request is not medically necessary.

30 tablets of Gabapentin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs)- anti-convulsants Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials Page(s): 16-21, 60.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a good response per the MTUS. As noted above, the physician reports are internally contradictory regarding pain relief, and none of the reports refer to specific functional benefit for any single medication. The functional status of the injured worker is also unclear as discussed above, given the unclear nature of any actual work functions. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of sufficient symptomatic and functional benefit from its use to date. Therefore, the above request is not medically necessary.

60 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mechanical and compressive etiologies Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The treating physician refers to a return to work but never defines what sort of activity is implied by that work. The formal work status itself has not been addressed. A treatment plan which does not address specific work capabilities represents an inadequate emphasis on functional improvement. The treating physician has stated that the drug screens are consistent with the prescriptions, which they are in a very general sense, as they do not show the presence of non-prescribed substances. However, the one drug test result that was present in the records did not test for any of the prescribed drugs. To be valid, a drug test must test for the prescribed opioids, as lack of intake of the prescribed drugs is as important as intake of non-prescribed drugs. There is therefore no sufficient drug testing in the records. The reported pain levels are contradictory. Pain relief is reportedly substantial with the medications, yet at the office visits the reported pain level as the upper end of the scale, presumably while the injured worker was taking the prescriptions. In addition, none of the reports address specific symptom relief and functional benefit for the individual medications rather than all of the medications as a group. Buprenorphine has agonist and antagonist actions. It will block the effect of other agonist opioids. It is not clear why it has been prescribed along with two agonist opioids. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of

analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the above request is not medically necessary.

180 tablets of Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mechanical and compressive etiologies Medication trials Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, 113.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The treating physician refers to a return to work but never defines what sort of activity is implied by that work. The formal work status itself has not been addressed. A treatment plan which does not address specific work capabilities represents an inadequate emphasis on functional improvement. The treating physician has stated that the drug screens are consistent with the prescriptions, which they are in a very general sense, as they do not show the presence of non-prescribed substances. However, the one drug test result that was present in the records did not test for any of the prescribed drugs. To be valid, a drug test must test for the prescribed opioids, as lack of intake of the prescribed drugs is as important as intake of non-prescribed drugs. There is therefore no sufficient drug testing in the records. The reported pain levels are contradictory. Pain relief is reportedly substantial with the medications, yet at the office visits the reported pain level as the upper end of the scale, presumably while the injured worker was taking the prescriptions. In addition, none of the reports address specific symptom relief and functional benefit for the individual medications rather than all of the medications as a group. Buprenorphine has agonist and antagonist actions. It will block the effect of other agonist opioids. It is not clear why it has been prescribed along with two agonist opioids. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the above request is not medically necessary.