

Case Number:	CM15-0081952		
Date Assigned:	05/04/2015	Date of Injury:	03/12/1999
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male, who sustained an industrial injury on 3/12/99. The injured worker has complaints of lumbar pain, bilateral foot pain and bilateral foot numbness. The diagnoses have included chronic pain; neuropathic pain; displacement lumbar disc without myelopathy; pain in thoracic spine and lumbago. Treatment to date has included electromyography/nerve conduction velocity; magnetic resonance imaging (MRI); burtrans; metanx and neruontin. The request was for butrans patches 5mcg #4 x1 refill and metanx 3-35- 2mg # 60 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 5mcg #4 x1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, pages 26-27.

Decision rationale: Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Buprenorphine has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic injury. Medical necessity for continued treatment has not been established for Buprenorphine. The Butrans Patches 5mcg #4 x1 refill is not medically necessary and appropriate.

Metanx 3-35-2mg # 60 x 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, page 136-137, on COMPLEMENTARY, ALTERNATIVE TREATMENTS, OR DIETARY SUPPLEMENTS. Decision based on Non-MTUS Citation ODG, Pain, Medical food, pages 729, 758-759.

Decision rationale: Metanx (L-Methylfolate/pyridoxal phosphate/methylcobalamin) is considered a medical food, used for the clinical dietary management of endothelial dysfunction associated with diabetic peripheral neuropathy and for disease states with known nutritional deficiencies. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of nutritional deficiency. According to the FDA, specific requirements for the safety or appropriate use of medical foods have not yet been established and Metanx is not FDA approved for any indication. Therefore, the use of any medical food or medical food combination would be considered experimental. Guidelines state this formulated food may be recommended for specific dietary management of a disease or condition for which distinctive nutritional requirements have been established by medical evaluation based on scientific principles. The provider had not documented the indication, clinical findings, diagnoses or medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for this medical food. The Metanx 3-35-2mg # 60 x 2 Refills is not medically necessary and appropriate.