

Case Number:	CM15-0083245		
Date Assigned:	05/05/2015	Date of Injury:	06/12/2012
Decision Date:	06/24/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/30/2015

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, Tennessee
 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 51 year old female, who sustained an industrial injury on 06/12/2012. She has reported injury to the left foot and low back. The diagnoses have included lumbar radiculopathy; sacroiliac pain; and foot pain. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, rollator walker, home exercise program, and physical therapy. Medications have included Oxycodone, Cymbalta, Celebrex, and Tizanidine. A progress note from the treating physician, dated 01/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower backache and left foot pain; pain is rated 8 on a scale of 1 to 10 with medications; pain is rated as 10 on a scale of 1 to 10 without medications; vomiting for the past month; and activity has remained the same. Objective findings included lumbar spine tenderness on palpation of the paravertebral muscles, with spasm, tight muscle band, and positive lumbar facet loading on both sides; lumbar range of motion is limited by pain; tenderness to palpation is noted over the left foot second and third metatarsals; and there is limited range of motion of the left foot. The treatment plan has included the request for Astelin NS #1 with 1 refill; and Butrans 10mcg patch #4 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Astelin NS #1 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pulmonary Procedure Summary Online Version last update 07/29/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Letter on Drugs and Therapeutics: October 29, 2012, Issue 1402, Azelastine/Fluticasone Propionate (Dymista) for Seasonal Allergic Rhinitis.

Decision rationale: Astelin is a H1 antihistamine preparation of azelastin used intranasally for the treatment of allergic rhinitis. Intranasal H1-antihistamines such as azelastine appear to have similar clinical efficacy to that of the oral drugs, and they have a more rapid onset of action. Most common adverse effect is dysgeusia. In this case there is no documentation that the patient is suffering from allergic rhinitis. Medical necessity has not been established. The request is not medically necessary.

Butrans 10mcg patch #4 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26 and 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain buprenorphine.

Decision rationale: Butrans patch is a transdermal preparation of buprenorphine. Buprenorphine is a partial opioid agonist. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. In this case the patient had been taking oxycodone with good analgesic control but developed nausea. Butrans was requested as an alternative to decrease opioid side effect. Nausea is a side effect of opioids that fades with time. It is not likely that the patient's nausea is from the opioids. This is insufficient evidence to support that the patient has failed treatment with first line opioid therapies or that the patient belongs to one of the suggested populations. The request is not medically necessary.