

Case Number:	CM14-0110913		
Date Assigned:	09/16/2014	Date of Injury:	09/19/2011
Decision Date:	10/17/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 33-year-old female with a reported date of injury on 09/19/2011. The mechanism of injury was noted to be from cumulative trauma. Her diagnoses were noted to include minor disc bulge at C5-6, chronic cervical and upper dorsal myofascial pain, and probable bilateral thoracic outlet syndrome. The previous treatments were noted to include medications and physical therapy. The progress note dated 06/03/2014 revealed complaints of pain that radiated to the back, bilaterally into the head, left head, left shoulder, left upper arm, left forearm, left hand, left fingers, left upper extremity, right head, right shoulder, right upper arm, right upper extremity, and the injured worker said, at worst, her pain was 8/10, and at least, her pain was 6/10. The injured worker rated her pain as 6/10. The injured worker continued to suffer from chronic intractable pain that affected her neck as well as shoulders. She had a known cervical disc disease and a possible thoracic outlet syndrome. The injured worker indicated the Butrans patch had caused her a severe rash and itching and she discontinued it. She also complained of severe and worsening depression due to her chronic pain. The physical examination of the cervical spine revealed stiffness and tenderness to palpation and palpation over the cervical facet revealed pain in the C3-7 region on both side and tenderness. The anterior flexion was noted to be 45 degrees and extension was noted to be 55 degrees and there was pain noted with extension. There were palpable trigger points noted in the muscles of the head and neck. The physical examination of the thoracic spine noted tenderness at the paraspinal muscles, and the range of motion of the thoracic spine was restricted with flexion and extension. The hyperextension of the thoracic spine caused increased pain, and the motor strength to the right upper extremity was 3/5 and in the left upper extremity was 4/5. There was decreased sensation in the head region of the right side and there was decreased sensation in the head region noted on the left side, as well as the bilateral shoulders. The right elbow had decreased sensation as well

as the left elbow and decreased sensation was noted in the bilateral arms. The bilateral fingers had decreased sensation noted. The Request for Authorization Form was not submitted within the medical records. The request is for Norco 10/325 up to 3 tablets per day for breakthrough pain #90, Lyrica 75 mg #60, and Butrans patch 20 mcg #4 for baseline pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with the use of medications. There is a lack of documentation regarding adverse effects and the urine drug screen performed in 12/2013 was consistent with therapy. Therefore, due to a lack of documentation regarding evidence of decreased pain and improved functional status with the utilization of this medication, the ongoing use of opioids is not supported by the guidelines. Therefore, the request is not medically necessary.

Lyrica 75 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Lyrica Page(s): 19.

Decision rationale: The request for Lyrica 75 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state Lyrica is documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered a first line treatment for both. This medication also has an antianxiety effect. Pregabalin is considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. The FDA approved Lyrica for fibromyalgia. There was a lack of documentation regarding

efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Butrans patch 20 mcg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, Butrans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: The request for Butrans patch 20 mcg #4 is not medically necessary. The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opioid addiction. The guidelines also recommend buprenorphine as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. The guidelines' indication of buprenorphine is treatment of opioid agonist dependence. Buprenorphine is known to cause a milder withdrawal syndrome compared to methadone and, for this reason, may be the better choice of opioid withdrawal therapy as elected. Buprenorphine is recommended for opioid withdrawal and is not recommended for chronic pain. There is a lack of documentation regarding efficacy and improved functional status with this medication and the injured worker discontinued the medication due to a rash. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.