

Case Number:	CM14-0091565		
Date Assigned:	07/25/2014	Date of Injury:	07/11/2008
Decision Date:	09/22/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/17/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 59-year-old male with a 7/11/08 date of injury. The mechanism of injury occurred while he was reaching up to get a stack of empty trays. According to a progress report dated 2/24/14, the patient indicated that he was still using the H-wave in regards to his neck, upper back, and upper extremities and still receiving relief from this when he uses it 2 to 3 times a day. However, he is losing more left hand grip strength. Objective findings: decreased ROM in all directions, numbness and tingling of the hands, muscle spasms in the mid-cervical down into the mid to low thoracic. Diagnostic impression: cervical disc degeneration, cervical brachial syndrome, thoracic joint disease, thoracic disc degeneration. Treatment to date: medication management, activity modification, and H-wave. A UR decision dated 6/6/14 denied the requests for Celebrex, Lidoderm, and Butrans. Regarding Celebrex, there was no recent discussion regarding the patient's response to its prior use in terms of degree/duration of pain relief afforded and evidence of functional improvement to warrant its continued use. Regarding Butrans, there was no recent indication that the patient is at high-risk of non-adherence with standard opioid maintenance. There was also no recent objective evidence of any progressive tapering of the patient's opioid medication that would reflect the patient's response to the use of Butrans; considering that this is recommended for treatment of opiate addiction. Regarding Lidoderm, there was no recent objective evidence to support the presence of neuropathic pain to warrant its continued use. Also, the patient's recent response to its use was not provided in terms of degree/duration of pain relief afforded and evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Celebrex - Unspecified dosage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain Chapter X Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) JAMA September 13, 2000, Vol 284, No. 10.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. There is no documentation that the patient has had a trial of a first-line NSAID medication. There is no documentation that the patient is at an increased risk for gastrointestinal complications. In addition, there is no documentation of functional improvement from the patient's use of Celebrex. Furthermore, the dosage and quantity of medication requested was not noted. Therefore, 30 Capsules of Celebrex - Unspecified dosage is not medically necessary.

90 Patches of Lidoderm - Unspecified dosage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Indication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm.

Decision rationale: The MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, the quantity of medication requested was not noted. Therefore, the request for 90 Patches of Lidoderm - Unspecified dosage was not medically necessary.

4 Patches of Butrans - Unspecified dosage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Pain Buprenorphine for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain Chapter - BuprenorphineX Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans).

Decision rationale: The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. There is no rationale provided as to why this patient requires Butrans as an around-the-clock opioid analgesic instead of another medication. In addition, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for 4 Patches of Butrans - Unspecified dosage was not medically necessary.