

Case Number:	CM14-0093490		
Date Assigned:	07/25/2014	Date of Injury:	09/26/2011
Decision Date:	10/14/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/19/2014

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 49-year-old male who reported an injury on 09/26/2011 after being struck on the head by wood. The injured worker complained of neck and head pain and swelling. The injured worker had a diagnosis of cervical radiculopathy, lumbar radiculopathy, spasms of the lumbar, and long term use of medications. The diagnostics included an MRI of the cervical spine dated 12/02/2011 that revealed a prior fusion at C7-T1 with disc bulging at C3-4. The MRI of the lumbar dated 12/02/2011 revealed hypertrophic facet arthropathy at L3-4 and L4-5. The MRI of the thoracic spine dated 12/02/2011 revealed mild right foraminal narrowing at C7-T1. The diagnostics included an electromyography/nerve conduction study. The medications included Butrans 20 mEq, Nucynta 100 mg, Lunesta 3 mg, Silenor 6 mg, Theramine, Sentra AM, Sentra PM, Flexeril, and ketoprofen cream. The injured worker rated his pain a 5/10 with medication and 9/10 without medication using the VAS. Physical examination dated 05/09/2014 revealed bilateral tenderness and spasms to the cervical spine and trapezius muscle and bilateral tenderness and spasms at the L3-4 and paraspinal muscles. Examination of the cervical spine revealed decreased range of motion, with extension of 10 degrees and flexion at 50 degrees. Examination of the lumbar spine also revealed range of motion with extension at 5 degrees and flexion at 30 degrees; normal gait. Motor examination was 5/5 to the lower extremities bilaterally and 5/5 to the upper extremities bilaterally; increased tenderness with palpation on the left C5-7 facet with pain worse at the neck extension. The treatment plan included refill medications, urine toxicology screen, and pain policy. The request for authorization dated 07/25/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg Q7 days #4: Upheld

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

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

Decision rationale: The request for Butrans 20 mcg Q7 days #4 is not medically necessary. The California MTUS recommend when used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. In general, the results of studies of medically assisted withdrawal using opioids (e.g., methadone) have shown poor outcomes. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected. The clinical notes were not evident when he had drug dependency. The clinical notes do not indicate the efficacy of the medication. As such, the request is not medically necessary.

Lunesta 3mg QHS #30: 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: Insomnia Treatment, Pharmacologic Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments

Decision rationale: The request for Lunesta 3 mg QHS #30 is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines indicate the use of Lunesta is for the short term treatment of insomnia, generally 4 to 6 weeks. The clinical notes do not indicate that the injured worker had a history or diagnosis of insomnia. The guidelines indicate short term treatment of insomnia and the clinical notes were not evident as to how long the injured worker had been taking the Lunesta. As such, the request is not medically necessary.

Flexeril 73.5mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The request for Flexeril 73.5 mg #60 BID is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for short term therapy. The greatest effect of the mechanism is the first 4 days of treatment suggesting that the shorter course may be better. Treatment should be brief. The request for Flexeril 73.5 mg #60 exceeds the guideline recommendation for short term therapy. The provided medical records lacked documentation of significant objective functional improvement with the medication. As such, the request is not medically necessary.

Nucynta 100mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

Decision rationale: The request for Nucynta 100 mg TID #90 is not medically necessary. The California MTUS recommends that there should be documentation of the "4 As" for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical notes do not indicate that the injured worker was assessed with aberrant drug taking behavior. The injured worker had a history of drug abuse and is at high risk. As such, the request is not medically necessary.