

<b>Case Number:</b>	CM14-0181542		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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. 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  
Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker had a date of injury on 7/31/2001. Mechanism of injury is not given in the injured worker's medical records. MRI of the back on 10/5/12 showed L4-L5 and L5-S1 severe degenerative disc disease. Diagnosis includes lumbar sprain/strain with DJD, bilateral knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Butrans Patch 5mcg/hr #4:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Butrans Patch Buprenorphine for chronic pain.

**Decision rationale:** Butrans (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is

recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In this case, there is documentation of a 50% reduction of pain and a 50% improvement of function with his current medication regimen. However, there is no documentation of this particular medication pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**1 Prescription of Gralise 600mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 17-19, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gralise.

**Decision rationale:** Gabapentin (Gralise) is an anti-epilepsy drug, which has been shown to be effective for the treatment of painful diabetic neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. Gralise is also FDA approved as a second-line option for restless leg syndrome, however, there is no documentation of this for this patient. In this case, the patient has chronic low back pain with radiculopathy and loss of sensation in the left lower extremity (as well as, bilateral knee, wrist and hand pain). Gralise is considered a first-line treatment for neuropathic pain in this patient with documented neuropathic pain. Medical necessity for this requested medication has been established. The requested medication is medically necessary.

**1 prescription of Amrix 15mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to the reviewed literature, Amrix (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based

on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.