

Case Number:	CM14-0210635		
Date Assigned:	12/23/2014	Date of Injury:	09/30/2009
Decision Date:	02/19/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This employee is a 54 year old female with date of injury of 7/8/2009. A review of the medical records indicate that the patient is undergoing treatment for chronic pain syndrome and lumbar myofascial sprain (cervical and lumbar). Subjective complaints include 9/10 pain in the neck, shoulder, left knee and left heel down to the toe. Objective findings include cervical and lumbar spine limited range of motion; tenderness in cervical and lumbar spine; positive facet loading in cervical spine. Treatment has included physical therapy, TENS, Oxycontin, Iburpofen, soma, Naproxyn, Vistaril, Ultram, and Skelaxin. The utilization review dated non-certified 11/17/2014 Butrans patch #4 and Desipramine 25mg 90/30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mg #4 Q 7days: Upheld

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

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

Decision rationale: MTUS states that Butrans, which is a brand name of the drug known as buprenorphine, is "recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." Official Disability Guidelines (ODG) states " Buprenorphine transdermal system (Butrans ; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence" The ODG states that Butrans 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 injured worker is using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for using Butrans instead of one of the first line agents. Therefore, the request for Butrans patch 5mg #4, Q 7days, is not medically necessary.

Desipramine 25mg 90/30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA's

Decision rationale: MTUS states that "Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Official Disability Guidelines (ODG) states "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects included excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." ODG states "Dosing Information: Desipramine: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The lowest effective dose should be used (Dworkin, 2007)." In this

case, the injured worker has failed countless other therapies, and is a good candidate to try a tricyclic antidepressant for chronic pain. Therefore, this request is medically necessary.