

<b>Case Number:</b>	CM14-0213189		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 64 year old female with an injury date on 11/17/2011. Based on the 10/15/2014 progress report provided by the treating physician, the diagnoses are cervical discogenic pain, cervical myofascial pain, and cervicogenic headaches. According to this report, the patient complains of "experiencing some breakthrough cervical and upper extremity pain consistent with left upper extremity radiculopathy." Patient sleeps "7-8 hours per night." Physical exam reveals tightness at the cervical spine. Myofascial restrictions are noted in the left levator and rhomboid groups. The patient's current medications are Klonopin, Prilosec, Eanaflex, and tramadol and "notes 30% reduction in pain with the current treatment plan. Quality of life index is rated at 68 out of a potential 100." The 09/15/2014 report indicates the patient has a 7/10 neck pain and 6/10 mid back pain. The treatment plan is to request for Prilose, NSAID, and Gabapentin. The patient's work status was not mentioned in the provided reports. There were no other significant findings noted on this report. The utilization review denied the request for (1) Eszopiclone, (2) Butalbital-Acetaminophen-Caffeine, (3) Lidoderm 5% patch, and (4) Butrans Patch on 12/11/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/27/2014 to 09/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopicione 2mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, section on Insomnia.

**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.

**Decision rationale:** According to the 10/15/2014 report, this patient presents with 7/10 neck pain and 6/10 mid back pain. The current request is for Eszopicione 2mg but the treating physician's report containing the request is not included in the file. Regarding Lunesta (Eszopicione), the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days." Under Stress chapter, it states "Not recommended for long-term use, but recommended for short-term use." In reviewing the provided reports, this medication was first mentioned in the 08/12/2014 report; it is unknown exactly when the patient initially started taking this medication. However, the treating physician does not mention that this is for a short-term use and the treating physician does not provide the prescription dosage. Without knowing the prescription dosing, one cannot make the appropriate recommendation. Therefore, this request is not medically necessary.

**Butalbutol-Acetaminophen-Caffeine 50/325/40mg: 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 Medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/acetaminophen-butalbital-caffeine-codeine.html>.

**Decision rationale:** According to the 10/15/2014 report, this patient presents with 7/10 neck pain and 6/10 mid back pain. The current request is for Butalbutol-Acetaminophen-Caffeine 50/325/40mg. This medication is used in "Relieving tension headaches." "How these medicines work is not completely understood. Acetaminophen works in the brain to relieve pain. Caffeine may work by constricting blood vessels that may cause headaches. Butalbital has a depressant effect that reduces anxiety and causes relaxation. In reviewing the provided reports, this medication was first mentioned in the 08/12/2014 report; it is unknown exactly when the patient initially started taking this medication. In this case, the treating physician does not mention that the patient has tension headaches and the medication efficacy as required by MTUS Chronic Pain Guidelines page 60. This request is not medically necessary.

**Lidoderm 5% patch: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 56-57, 112.

**Decision rationale:** According to the 10/15/2014 report, this patient presents with 7/10 neck pain and 6/10 mid back pain. The current request is for Lidoderm 5% patch. The MTUS Chronic Pain Guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the provided reports show the patient has cervical neuropathic pain but this is not peripheral and localized. Lidoderm is not indicated for axial spinal pains. The current request is not medically necessary.

**Butrans Patch 5mcg/hr patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** According to the 10/15/2014 report, this patient presents with 7/10 neck pain and 6/10 mid back pain. The current request is for Butrans Patch 5mcg/hr patch but the treating physician's report containing the request is not included in the file. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG does recommend Butrans (Suboxone) as an option for treatment of chronic pain in selected patients. Also, it is suggestive for patients with hyperalgesic component to pain, centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opiate maintenance, for analgesia in patients who have previously been detoxified from other high-dose opioids. Butrans patch contains buprenorphine, an opiate pain medication, use to treat moderate to severe chronic pain. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the provided reports does not mention Butrans patch usage and it is unknown exactly when the patient initially started using this patches. In this case, the provided reports show documentation of "30% reduction in pain with the current treatment plan." However, there were no specific ADL's mentioned and no outcome measures are provided. No return to work is discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology or CURES. The treating physician has failed to

clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.