

Case Number:	CM14-0217411		
Date Assigned:	01/07/2015	Date of Injury:	01/27/2009
Decision Date:	03/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/29/2014

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, Tennessee

Certification(s)/Specialty: Emergency 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 is a 58 year old male worker who experienced pain to his groin, low back and bilateral shoulders while lifting a roll of fence wire into place. The date of injury was January 27, 2009. Diagnoses included chronic low back pain, chronic left knee pain and depression/anxiety due to his chronic pain. In March 2009, an MRI showed left-sided disk protrusion into the foramen at L2-3, lateral disk protrusions bilaterally at L3-4, near collapse of disk at L4-5 and multilevel mild spinal stenoses. In November 2012, an MRI showed moderate spinal stenosis at L2-3. On August 23, 2010, the injured worker underwent right shoulder arthroscopic surgery. On March 24, 2009, he underwent left inguinal repair. On November 6, 2014, he complained of persistent low back pain with radicular symptoms into his right lower extremity and bilateral knee. Physical examination revealed tenderness to palpation in the paraspinal muscles of the lumbar spine. He had increased pain with range of motion. He was able to flex and reach to about 6 inches from the floor. Extension was about 15 degrees. Medications and Synvisc injections x3 were listed as treatments. The Synvisc injections were noted to help with pain reduction for a period of two weeks. He stated his Norco medication brought his pain from a 8 on a 1-10 pain scale down to a 3 and allowed him to be a lot more functional. A request was made for Butrans patch 10mcg #4 two refills, Norco 10/325mg #180, Motrin 800mg #120, Prilosec 20mg #180, Prozac 40mg #120, Neurontin 300mg #180 and urine drug screen. On November 25, 2014, utilization review modified the request for Butrans patch 10mcg to #3 two refills, Prilosec 20mg to #90 and Prozac 40mg to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10mcg #4, 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Pain: Buprenorphine

Decision rationale: Buprenorphine is a partial opioid agonist. It 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 patient is not in any of the populations mentioned above. Documentation does not support the hyperalgesia component to pain, centrally mediated pain, high-risk of non-adherence to opioid maintenance, neuropathic pain, or previous detoxification from other high-dose opioids. There is no indication for the use of Butrans. The request should not be authorized.

Prilosec 20mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Prilosec is omeprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

Prozac 40mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 13-14.

Decision rationale: Prozac is fluoxetine, an antidepressant, specifically a selective serotonin reuptake inhibitor (SSRI). SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo). Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. Medical efficacy for SSRIs has not been established for spinal pain or radiculopathy. In this case documentation does not support the diagnosis of depression. There is no indication for the use of prozac. The request should not be authorized.