

Case Number:	CM15-0120969		
Date Assigned:	07/01/2015	Date of Injury:	09/19/2011
Decision Date:	08/07/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 42 year old male patient who sustained an industrial injury on 09/19/2011. The accident was described as having had blunt trauma to the abdomen with resulting injury. A recent primary treating office visit dated 05/18/2015 reported subjective complaint of back pain that radiates to the right lower extremity and up the back associated with numbness and weakness. He reports having had medication changed and likes the Butrans patches. He was also prescribed Cymbalta by psychiatry that he is using without side effect. He still has occasional sleep issues secondary to pain. He is not currently working and is permanently disabled. The patient utilizes a cane to ambulate. The following diagnoses were applied: post lumbar laminectomy, spondylosis, lumbar; lumbar radiculopathy, and pain in joint leg/knee. The plan of care involved: continuing medications, continuing use of spinal cord stimulator, continue seeking psychiatric follow up and return visit. Previous treatment to include: durable medical equipment (cane, front wheeled walker), physical, aquatic therapies, injections, surgery. On 01/12/2015 at a primary follow up reported unchanged subjective complaint, or objective assessment. A radiologic report dated 07/08/2013 showed a magnetic resonance imaging scan of lumbar spine revealed mild spondylosis and postoperative changes. A psychiatric note dated 06/01/2015 reported current medication Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) – Anti-epileptics Page(s): 17-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Gralise), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Gralise) is not medically necessary.

Phenergan 25mg #30 with 2 refills: 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), Pain (Chronic) – Anti-emetics.

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

Decision rationale: Regarding the request for promethazine (Phenergan), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to state that promethazine is approved as a sedative and antiemetic for perioperative use. Within the documentation available for review, there is no indication that promethazine is being used to treat perioperative nausea. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested promethazine (Phenergan) is not medically necessary.

Butrans patch 10mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Butrans (buprenorphine), California Pain Medical Treatment Guidelines state that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans (buprenorphine) is not medically necessary.