

Case Number:	CM15-0127008		
Date Assigned:	07/13/2015	Date of Injury:	09/21/2010
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 67 year old female, who sustained an industrial injury on 09/21/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having low back pain with severe spinal stenosis at lumbar four to five and lumbar three to four with a large central disc herniation as seen on magnetic resonance imaging of the lumbar spine along with a history of inconsistent urine drug screens. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, and laboratory studies. In a progress note dated 06/02/2015 the treating physician reports complaints of chronic low back pain. Examination reveals tenderness of the lumbar paraspinal muscles, decreased range of motion to the lumbar spine, and cramping to the back with straight leg raises bilaterally. The injured worker's current medication regimen included Butrans Patch, Relafen, and Amitriptyline (Elavil). The injured worker rated the pain a 9 out 10 without use of her medication regimen and notes that the pain decreases to a 2 out of 10 with use of the Butrans Patches. The treating physician notes that Relafen is used for inflammation and the Amitriptyline is used for chronic pain along with allowing the injured worker to sleep better with improving her mood. The progress noted that with use of her medication regimen she is able to perform and complete errands and is able to complete chores at home without taking breaks. The treating physician requested the medications Butrans Patch 5mcg with a quantity of 4 with one refill, Elavil 25mg with a quantity of 30, and Relafen 750mg with a quantity of 60 noting current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg #4 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27, 78.

Decision rationale: With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; and (5) An apparent anti-hyperalgesic effect (partially due to the effect at the kappa-receptor)." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the medical records indicates that the injured worker had a history of inconsistent UDS in 2012; however, the most recent drug screen on 5/5/15 was consistent. CURES report dated 3/10/15 was appropriate. Per progress report dated 6/2/15 it was noted that the injured worker reported that her pain would decrease from 9/10 to 2/10 with the medication, which greatly improved her functioning and weight-bearing activities. It was noted that she was able to do errands, go grocery shopping, and complete chores around her house. I respectfully disagree with the UR physician's assertion that the documentation did not contain evidence of functional improvement. The request is medically necessary.

Elavil 25mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. 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." Per progress report dated 6/2/15 it was noted that the injured worker reported that her pain would decrease from 9/10 to 2/10 with the medication, which greatly improved her functioning and weight-bearing activities. It was noted that she was able to do errands, go grocery shopping, and complete chores around her house. It was noted that Elavil allowed her to sleep better at night and improved her mood. I respectfully disagree with the UR physician's assertion that the documentation did not contain evidence of functional improvement. The request is medically necessary.

Relafen 750mg #60 (Dispensed 6/2/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." The medical records indicate that the injured worker has been using this medication since 4/2013. Review of the medical records indicates that the injured worker had a history of inconsistent UDS in 2012; however, the most recent drug screen on 5/5/15 was consistent. CURES report dated 3/10/15 was appropriate. Per progress report dated 6/2/15 it was noted that the injured worker reported that her pain would decrease from 9/10 to 2/10 with the medication, which greatly improved her functioning and weight-bearing activities. It was noted that she was able to do errands, go grocery shopping, and complete chores around her house. It was noted that Elavil and Relafen allowed her to sleep better at night and improved her mood. I respectfully disagree with the UR physician's assertion that the documentation did not contain evidence of functional improvement. The request is medically necessary.