

Case Number:	CM15-0174162		
Date Assigned:	09/16/2015	Date of Injury:	02/15/2012
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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: New York

Certification(s)/Specialty: Internal 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 61-year-old female worker who was injured on 2-15-2012. The medical records reviewed indicated the injured worker (IW) was treated for lumbar disc displacement without myelopathy; spondylosis, lumbosacral; pain in joint, shoulder; and cervical disc displacement. The progress notes (7-13-15) indicated the IW had chronic back pain and worsening left shoulder and neck pain; left-sided neck pain was causing more headaches. Physical therapy for the neck and back was beneficial in the past, improving her self-hygiene performance and decreasing the muscle tension in her neck; lumbar steroid injections (last one 2-3-2015) improved her back pain by 70%. She also had acupuncture with some benefit and completed a functional restoration program. Medications were Buprenorphine 0.25mg sublingual troches, Nabumetone-Relafen 500mg, Orphenadrine-Norflex ER 100mg and Pantoprazole 20mg (since at least 4-2015); and Topamax-topiramate 25mg, and Venlafaxine ER 37.5mg. Medications decreased her pain from 9 out of 10 to 4 out of 10 and allowed her to get some exercise, walk, perform self-hygiene and sleep better with less pain. On physical examination (7-13-15) her gait was normal and she did not use an assistive device. The notes stated the urine drug screen on 6-11-15 was positive for Buprenorphine and negative for all other drugs; her CURES report was consistent for one provider of pain medication; an updated pain contract was on file; and there were no signs of aberrant drug behaviors. A Request for Authorization was received for Buprenorphine 0.25mg sublingual troches one under the tongue twice daily, #60; Orphenadrine-Norflex ER 100mg one at bedtime, #90; Nabumetone-Relafen 500mg one twice daily, #90; and Pantoprazole 20mg one or two daily, #60. The Utilization Review on 8-26-15 non-certified the request for

Buprenorphine 0.25mg sublingual troches one under the tongue twice daily, #60; Orphenadrine-Norflex ER 100mg one at bedtime, #90; Nabumetone-Relafen 500mg one twice daily, #90; and Pantoprazole 20mg one or two daily, #60, as the CA MTUS chronic Pain Medical Treatment Guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.25mg Sublingual Torches 1 tablet under tongue 2 times a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter- Buprenorphine; Naloxone.

Decision rationale: Per the CA MTUS guidelines, Buprenorphine-Naloxone also known as Subutex or Suboxone is used to treat opiate agonist dependence. Buprenorphine is an analgesic, partial opioid agonists, and Naloxone is an opioid antagonist used to reverse the effects of agonists and agonist-antagonist derived opioids. The ODG guidelines recommend Buprenorphine as an option for treatment of chronic pain in selected patients, and not as a first-line for all patients. The suggested patients would include: patients with a hyper-algesic component to pain, patients with centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opioid maintenance, and for analgesia in patients who have previously been detoxified from other high dose opioids. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records indicate Buprenorphine-Naloxone was prescribed for pain. The treating provider's note from July 2015 indicates that this injured worker is significantly symptomatic and pain significantly limits her activities of daily living. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional benefits. The injured worker's work status remains unchanged and there is no change on medical dependence. Therefore, the requested treatment: Buprenorphine 0.25mg Sublingual Torches 1 tablet under tongue 2 times a day #60 is not medically necessary. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms.

Orphenadrine-Norflex ER 100mg 1 tablet at bedtime #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." The guidelines recommend "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, with no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, with prolonged use of some medications in this class leading to dependence, and despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine (Norflex) is an antispasmodic muscle relaxant. Review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional benefits. The injured worker's work status remains unchanged and there is no change on medical dependence. Therefore, the requested treatment: Orphenadrine-Norflex ER 100mg 1 tablet at bedtime #90 is not medically necessary.

Nabumetone-Relafen 500mg 1 tablet 2 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for non-steroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short-term therapy. It is recommended at lowest dose for the shortest period in patients with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. Medical record did not included evidence of functional improvement with this medication and reduction in the dependency on continued medical treatment. There was no evidence of an acute condition or an acute exacerbation of the condition that determined the medical necessity of the medication. The treating provider's note indicates that the injured worker uses this medication as needed basis, but requested treatment does not specify that. Therefore, the requested treatment: Nabumetone-Relafen 500mg 1 tablet 2 times a day #90

is not medically necessary.

Pantoprazole 20mg take 1-2 tablets #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Injured worker is on NSAIDs, the treating provider notes GI symptoms including heartburn. There are no identifiable risk factors. As Nabumetone-Relafen is determined not medically necessary, the requested treatment: Pantoprazole 20mg take 1-2 tablets #60 is not medically necessary.