MAXIMUS Federal Services

Case Number:	CM15-0177249		
Date Assigned:	09/17/2015	Date of Injury:	05/08/2000
Decision Date:	11/12/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 72 year old female, who sustained an industrial injury on 5-8-2000. The injured worker was diagnosed lumbosacral disc degeneration, lumbar spinal stenosis with claudication, chronid left hip pain due to possible osteoarthritis. The request for authorization is for: Butrans 5mcg per hour patch #4, Celebrex 200mg #30, Lidoderm 5% patch #30 with 2 refills, Cymbalta 60mg #30 with one refill, and office-outpatient visit. The UR dated 8-18-2015: modified certification of Butrans 5mcg per hour, 2 patches only; modified certification of Cymbalta 60mg #15 with no refill; non-certified Celebrex 200mg #30, 1 refill of the Cymbalta 60mg #30 and Lidoderm 5% patch #30 with 2 refills; and certified office visit. On 4-24-2015, she reported low back pain rated 10 out of 10 at its worst, at the least 6 out of 10 and average 8 out of 10. Her current pain level is 8 out of 10. On 7-13-2015, she reported low back pain. She indicated her worst pain is 10 out of 10, least pain 6 out of 10 and average pain 8 out of 10. On 8-6-2015, she reported low back pain with radiation into the buttocks. Physical examination revealed non-antalgic gait, difficulty with heel and toe walking, utilizing a walker for ambulation "but can ambulate without the walker as well", tenderness in the low back with a decreased range of motion. The records indicate that her pain is worsened with prolonged activity. There is no discussion of the efficacy of the requested medications or her current functional status. There is also no discussion of adverse side effects or aberrant behaviors. It is unclear how long she has been prescribed the requested medications; however Butrans has been utilized since at least April 2015, possibly longer. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the lumbar spine (January 2014, 5-26-2015), x-rays of the

lumbar (February 2013), CURES (4-24-2015) reported as consistent, urine drug screen (4-24-2015), pain management agreement (4-24-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr patch #4: 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, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. 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 pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Butrans 5mcg/hr patch is not-medically necessary.

Celebrex 200mg #30: 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), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, 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. The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc).

The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for Celebrex prescription has not been established.

Lidoderm 5% patch #30 with 2 refills: 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): Lidoderm (lidocaine patch).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Lidoderm patch prescription. In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Therefore, based on the submitted medical documentation, the request for Lidoderm patch prescription is not medically necessary.

Cymbalta 60mg #30 with 1 refill: Overturned

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): Antidepressants for chronic pain.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this request for this patient. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. The medical documentation supports that this patient has neuropathic pain, which is chronic in nature. The patient has been using opioids and other medications for medical management. The pain is poorly controlled with pain scale 6/10 to 10/10. Use of a SNRI is medically indicated in this case as a first line therapy for neuropathic pain per MTUS guidelines. Therefore, based on the submitted medical documentation, the request for Cymbalta is medically necessary.