

Case Number:	CM15-0040554		
Date Assigned:	03/10/2015	Date of Injury:	03/10/2011
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/03/2015

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: Pennsylvania
 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 47 year-old male who has reported mental illness and head, neck and back pain after an injury on 3/10/11. The diagnoses have included cervical and lumbar disc disease. Treatment has included medications, acupuncture, a functional restoration program in January 2015, and injections. Reports from the treating physician during 2014 reflect ongoing pain in the neck and back. Unspecified medications reportedly reduce pain and improve activities of daily living [no further details provided]. Medications have included gabapentin, nabumetone, capsaicin, Butrans, buprenorphine sublingual, and cyclobenzaprine. A urine drug screen on 8/21/14 was positive for buprenorphine. Capsaicin, nabumetone, and cyclobenzaprine were prescribed for months. None of the reports address the specific functional benefit from any single medication. None of the reports address the actual current functional abilities. Some of the reports state that the injured worker has not worked since 2012. The reports refer to unspecified improvements in function only. As of 10/16/14 he was stated to be not using capsaicin, cyclobenzaprine, nabumetone and trazodone. Sublingual buprenorphine was prescribed. Capsaicin and cyclobenzaprine were stated to be not helpful. A urine drug screen was reportedly positive for buprenorphine. Per a report of 11/13/14, there was ongoing and worsening pain. There was no discussion of the specific results of using any specific medication. X-ray relieved spasms. Unspecified medications reportedly reduce pain by 40% and improve activities of daily living [no further details provided]. Current medications were Lunesta, gabapentin, fluoxetine, Lidoderm, and buprenorphine. The treatment plan included cyclobenzaprine, Lunesta, gabapentin, fluoxetine, Lidoderm, and buprenorphine. Work status was greatly restricted, with

no discussion of actual work duties, if any. As of 12/11/14, the medications were cyclobenzaprine, Lunesta, gabapentin, fluoxetine, Lidoderm, and buprenorphine. A urine drug screen was reportedly negative for all but TCA." The actual lab report of the urine drug screen was positive for benzodiazepines and tricyclics. The functional restoration program was scheduled. On 1/8/15 the same 6 medications were refilled without any additional information provided. As of 3/5/15 there was worsened pain, and a slight increase in activity. Medications were cyclobenzaprine, trazodone, gabapentin, fluoxetine, Lidoderm, and buprenorphine. Nabumetone was added. There was no work status. A Utilization Review appeal of 3/13/15 addressed the Utilization Review of 1/27/15. Buprenorphine was prescribed after failure of other opioids, and it has resulted in reduced pain by 40% and improved activities of daily living [no further details provided]. The urine drug screen result of 3/5/15 was negative for buprenorphine, explained as due to prn (as needed) use. Pain contract is present. Cyclobenzaprine is for spasm, reduces spasm by 50% and do activities better [nothing objective presented]. Gabapentin reduces pain by 40%, allows more activity, is for radiating symptoms. Relafen is used prn only, was stopped on 10/16/14, restarted 3/5/15 for a flare-up. Capsaicin requested for 9/18/14, was for radiating pain, provided unspecified pain relief. On 1/27/15 Utilization Review non-certified the medications now under Independent Medical Review, noting the lack of compliance with the MTUS recommendations and the lack of functional benefit. Trazodone and fluoxetine were certified. The Utilization Review referred to a Request for Authorization of 1/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 1.25 mg Sublingual troches #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials; Buprenorphine Page(s): 77-81; 94; 80; 81; 60; 26.

Decision rationale: According to the MTUS, prescribing opioids should be according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There is no evidence of random drug testing, as testing occurs only at office visits. The quantity of this opioid prescribed presumes daily use, yet the urine drug screen in December was negative. This was explained as caused by prn use, yet the quantities remained the same and this was not addressed in any other way. A prior drug test was positive for benzodiazepines and TCA, and was not addressed. The drug screens are therefore failed without an adequate response from the treating physician. The #90 of buprenorphine now prescribed is not supported by the available records. There is no evidence of significantly increased function from the opioids used to date. The prescribing physician states that the injured worker has not worked in years, which fails the return-to-work criterion for opioids in the MTUS. The treating physician does not provide a work status in recent reports, which represents an inadequate focus on functional improvement. The references to functional

improvement are generic, non-specific, and are not sufficient to show any specific functional improvement. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Cyclobenzaprine-Flexeril 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for most of the last year. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in function as a result of prescribing muscle relaxants. The references to functional improvement are generic, non-specific, and not sufficient show actual functional improvement. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Gabapentin 600 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports, which adequately address the specific symptomatic and functional benefit from the antiepileptic drugs (AEDs) used to date. Note the criteria for a good response per the MTUS. The references to functional improvement are generic, non-specific, and are not sufficient to show any specific functional improvement. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Nabumetone-Relafen 500 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 60, Medications for chronic pain; NSAIDs for Back Pain - Acute exacerbations of chronic pain; Back Pain - Chronic low back pain; NSAIDs, specific drug list & adverse effects Page(s): 60; 68; 68; 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. The references to functional improvement are generic, non-specific, and are not sufficient to show any specific functional improvement. Systemic toxicity is possible with nonsteroidal anti-inflammatory agents (NSAIDs). The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing large quantities of NSAIDs for months, which is counter to the recommendations of the MTUS for treatment of back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Capsaicin 1.075 % cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113.

Decision rationale: Capsaicin has some indications, in the standard formulations readily available without custom compounding. Assuming medical necessity, the MTUS recommends the 0.025% strength for the usual indications. The MTUS states that there is no evidence supporting this formulation of capsaicin over the lower, and widely available, 0.025% strength. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. The references to functional improvement are generic, non-specific, and are not sufficient to show any specific functional improvement. Capsaicin is not medically necessary based on the lack of indications per the MTUS, the unusual concentration which is higher than that recommended in the MTUS, and the lack of benefit. The treating

physician's appeal was noted, and there is no evidence that capsaicin was prescribed according to the MTUS in September and the months preceding that date.