

Case Number:	CM15-0065982		
Date Assigned:	04/13/2015	Date of Injury:	05/04/2005
Decision Date:	06/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on May 4, 2005. The injured worker has been treated for neck and back pain. The diagnoses have included chronic pain, lumbar disc disease, shoulder pain, sacroiliitis, lumbar herniated nucleus pulposus, lumbar failed back surgery syndrome, neck pain, cervical radiculopathy, low back pain, thoracic or lumbosacral radiculopathy, facet arthropathy, pain in the joint of the shoulder and depression. Treatment to date has included medications, radiological studies, physical therapy, heat/ice treatment, sacroiliac joint injection, a spinal cord stimulator implantation and a lumbar laminectomy. Current documentation dated March 16, 2015 notes that the injured worker reported neck and low back pain. The pain was rated a three out of ten on the visual analogue scale. Physical examination revealed persistent low back pain with radiation to the left foot, right foot and bilateral thighs. The injured worker described the pain as an ache and numbness. The treating physician's plan of care included a request for the medications Butrans, Celexa, Maxalt and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10 mcg/hr #4, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Criteria For Use Of Opioids Page(s): 26-27, 76-78, 88-89.

Decision rationale: The patient presents with neck and low back pain. The physician is requesting Butrans 10 Mcg Per Hour #4 1 Refill. The RFA dated 03/16/2015 shows a request for Butrans 10 mcg per hour apply one patch by transdermal route every seven days quantity 4, one refill. The UR dated 03/26/2015 modified the request to Butrans 10 mcg per hour quantity 4 with no refills for weaning. The patient's current work status is permanent and stationary. For Buprenorphine, MTUS p26, 27 states, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." For chronic opioid use in general, MTUS guidelines pages 88 and 89, state, The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS, page 78, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, times it takes for medication to work, and duration of pain relief. For buprenorphine, MTUS, pages 26-27, specifically recommends it for treatment of opioid addiction and also for chronic pain. The records show that the patient was prescribed Butrans patch on 09/22/2014. There is no evidence that the patient has been detoxed or is being treated for opiate addiction. The patient is also prescribed Norco and it would appear that Butrans is being prescribed for the patient's chronic pain. The 03/16/2015 treatment report shows that the patient's pain without medication is 8/10 and 3/10 with medication use. The patient is able to do simple chores around the house and minimal activities outside the house two days a week with medication use. Without medications, she stays in bed all day and feels hopeless and helpless. Reports do not mention specific ADL's that show a significant change with use of this medication. Only general statements are used. No validated instruments or outcome measures are reported showing significant functional improvement. No side effects were reported. The urine drug screen from 09/19/2014 and 02/12/2015 show consistent results to prescribed medications. In this case, the MTUS guidelines require documentation of specific ADLs to show functional improvements with opioid usage. The request is not medically necessary.

Celexa 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-15.

Decision rationale: The patient presents with neck and low back pain. The physician is requesting Celexa 20 Mg Quantity 30. The RFA dated 03/16/2015 shows a request for Celexa 20 mg take one tablet by mouth one time daily quantity 30. The UR dated 03/26/2015 modified the request to Celexa 20 mg quantity 20 for weaning. The patient is currently permanent and

stationary. The MTUS guidelines page 13-15 has the following under antidepressants, Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. Review of records show that the patient was prescribed Celexa on 10/20/2014. None of the reports reviewed note medication efficacy as it relates to the use of Celexa. While the patient does have a diagnosis of anxiety and depression, the MTUS guidelines page 60 requires documentation of pain and function when medications are used for chronic pain. Given the lack of documentation of efficacy regarding this medication, the request is not medically necessary.

Maxalt 10 mg 30 mg #6: 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), Treatment Index, 13th Edition (web), 2015, Pain - Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter, Rizatriptan Maxalt.

Decision rationale: The patient presents with neck and low back pain. The physician is requesting Maxalt 10 Mg 30 Mg Quantity Six. The RFA dated 3/16/2015 shows a request for Maxalt 10 mg 1 PO once, max 30 mg per 24 hours quantity six. The patient is currently permanent and stationary. The ODG guidelines, Head Chapter, Rizatriptan Maxalt, states, Recommend for migraine sufferers. The guidelines also state While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, savings can be expected in reduced migraine-related loss of work productivity compared with less effective treatments. The records show that the patient was prescribed Maxalt on 09/22/2014. Reports do not show a diagnosis of migraine headaches. The physician does not document the occurrence of migraine headaches and there's no discussion on the efficacy of this medication. In this case, the patient does not meet the ODG guidelines for use Maxalt. The request is not medically necessary.

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-90.

Decision rationale: The patient presents with neck and low back pain. The physician is requesting Norco 10/325 Mg Quantity 180. The RFA dated 03/16/2015 shows a request for Norco 10 mg - 325 mg one PO 4 to 6 hours quantity 180. The UR dated 03/26/2015 modified the request to Norco 10/325 mg quantity 60 for weaning. The patient is currently permanent and

stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. Norco was first noted on the progress report dated 09/22/2014. The 03/16/2015 treatment report shows that the patient's pain without medication is 8/10 and 3/10 with medication use. The patient is able to do simple chores around the house and minimal activities outside the house two days a week with medication use. Without medications, she stays in bed all day and feels hopeless and helpless. Reports do not mention specific ADL's that show a significant change with use of this medication. Only general statements are used. No validated instruments or outcome measures are reported showing significant functional improvement. No side effects were reported. The urine drug screen from 09/19/2014 and 02/12/2015 show consistent results to prescribed medications. In this case, the MTUS guidelines require documentation of specific ADLs to show functional improvements with opioid usage. The request is not medically necessary.