

Case Number:	CM15-0066581		
Date Assigned:	04/14/2015	Date of Injury:	08/16/2003
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 16, 2003. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for Gralise (gabapentin), buprenorphine, and lidocaine ointment. The claims administrator referenced a RFA form received on March 17, 2015 in its determination, along with progress note dated March 2, 2015. The applicant's attorney subsequently appealed. On March 24, 2015, the attending provider stated that he had completed a teleconference with the utilization review physician. The attending provider seemingly suggested that the applicant had undergone earlier discectomy surgery. The applicant's medications included Colace, Phenergan, Protonix, Gralise, Flexeril, buprenorphine, lidocaine, Valium, Motrin, and Atripla. The applicant was permanent and stationary with permanent disability with disability, the treating provider reported, suggesting that the applicant was not working. The treating provider stated that the applicant had been converted from OxyContin to buprenorphine. On February 2, 2015, the applicant reported persistent complaints of low back pain status post earlier failed lumbar spine surgery. The applicant was given refills of Phenergan, Protonix, and buprenorphine. Permanent work restrictions were renewed. No discussion of medication efficacy transpired. The applicant did not appear to be working with permanent restrictions in place, it was acknowledged. On December 22, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The attending provider stated that he felt the applicant had no choice but to remain on sublingual buprenorphine.

Phenergan, buprenorphine, Flexeril, and Protonix were renewed. On December 10, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. Standing and walking remain problematic. The applicant had undergone earlier failed discectomy surgery. The applicant was on Phenergan, Protonix, Gralise, Flexeril, and buprenorphine, it was reported in one section of the note. On November 12, 2014, the applicant again reported severe low back and leg pain. The applicant was using Gralise, buprenorphine, Flexeril, Protonix, Motrin, Phenergan, Atripla as of this date. Permanent work restrictions were again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 tablets of Gralise 600mg with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 19; 7.

Decision rationale: No, the request for Gralise (extended release gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of ongoing gabapentin (Gralise) usage. Here, however, the applicant has seemingly failed to return to work despite usage of Gralise (gabapentin) for minimum of several months. The applicant continue to report difficulty performing activities of daily living as basic as sitting and standing, as reported on December 29, 2014. On December 10, 2014, the applicant was reportedly unable to stand and/or walk greater than 500 feet. The applicant's back and leg pain complaints were severe as of November 12, 2014. Ongoing usage of Gralise (gabapentin) has failed to curtail the applicant's dependence on opioid agents such as buprenorphine. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gralise. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulates that an attending provider incorporate some discussion of "cost" of medications into his choice of recommendations. Here, however, the attending provider did not state why he was furnishing the applicant with brand name Gralise in lieu of generic gabapentin capsules. Therefore, the request was not medically necessary.

Sublinguals of Buprenorphine Hcl 2mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for buprenorphine was likewise not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine is recommended in the treatment of opioid addiction and has an option of treatment of chronic pain in applicants who have detoxified off of opioids in individuals who do have a history of opioid addiction, in this case, however, there was no mention of the applicant carrying a diagnosis of opioid addiction and/or opioid dependence, which would have compelled provision and/or ongoing usage of buprenorphine. No clear rationale accompanied the request for authorization (RFA). Therefore, the request was not medically necessary.

60 tubes of Lidocaine 5% ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: Similarly, the request for lidocaine ointment was likewise not medically necessary, medically appropriate, or indicated here. The requesting provider wrote on March 24, 2015, that the applicant had previously used lidocaine. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, it was suggested on multiple progress notes, referenced above. The applicant was described as receiving permanent disability benefits on several progress notes, referenced above. The applicant's permanent work restrictions were renewed, unchanged, from visit to visit, despite previous usage of topical lidocaine. Previous usage of topical lidocaine had failed to curtail the applicant's benefits on opioids agents such as buprenorphine. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of topical lidocaine. Therefore, the request was not medically necessary.