

Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	8/5/2011
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005908

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Butrans 10mcg/hr patch #4 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone bit/apap 10/35 mg tablets, #90 tablets is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 600 mg tablets, #30 tablets is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Butrans 10mcg/hr patch #4** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone bit/apap 10/35 mg tablets, #90 tablets** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 600 mg tablets, #30 tablets** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in ABPM and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a male claimant who sustained an injury on 8/4/11 which resulted in back pain and extremities pain. He had initially taken Naprosyn for pain and undergone physical therapy in 2011. Subsequently a report in 2012 stated he had been taking Norco for pain control.

A pain management evaluation on 6/18/13 he had 7/10 pain in his back and cervical spine. He was taking Norco for pain (since atleast 3/14/13). Examination showed pain on palpation of the c-spin and pain with flexion and extension of the lumbar spine. At the time Gabapentin was prescribed for night time use, hydrocodone for pain and Butrans Patch for pain.

An examination report on 8/27/13 states his medication helped him perform his Activities of Daily Living. Examination noted an antalgic gait, myofacial tenderness with a diagnosis of Lumbar radiculopathy, facet arthropathy, cervical radiculitis and chronic pain disorder. Documentation stated that he had failed durg therapy and epidural injections were the next plan of care. The above medications were continued.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Butrans 10mcg/hr patch #4 :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the: Goodman and Gilliam's The Pharmacological Basis of Therapeutics, 11th ed., McGraw Hill, 2006; the Physician's Desk Reference, 65th ed.; www.RxList.com; The Official Disability Guidelines (ODG) Worker's Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator; AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov, which are not part of the MTUS and the ACOEM-<https://www.acoempracguides.org>, Low Back; Table 2, Summary of Recommendations Low Back Disorders and ACOEM-[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Buprenorphine, pgs 26-27, which is part of the MTUS.

Rationale for the Decision

Butrans is Buprenorphine in a topical formulation. According to the MTUS guidelines, Buprenorphine is orally indicated for withdrawal from opiates, opioid addiction or chronic pain. Its formulation as a patch has been shown in Europe to have the benefit of no analgesic ceiling, good pain control, and decreased addiction. A progress note in the medical records submitted for review, dated August 2013 indicated failure of pain management and noted an indication for epidural injections. The medical records did not justify the use of Butrans along with Norco (another opioid). There was no mention of addiction or withdrawal risk or other long-term acting oral opioid trial failures. **The request for Butrans 10 mcg/hr patch #4 is not medically necessary and appropriate.**

2) Regarding the request for Hydrocodone bit/apap 10/35 mg tablets, #90 tablets :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the: Goodman and Gilliam's The Pharmacological Basis of Therapeutics, 11th ed., McGraw Hill, 2006; the Physician's Desk Reference, 65th ed.; www.RxList.com; The Official Disability Guidelines (ODG) Worker's Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com.; Opioid Dose Calculator; AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov, which are not part of the MTUS and the ACOEM-<https://www.acoempracguides.org>, Low Back; Table 2, Summary of Recommendations Low Back Disorders and ACOEM-<https://www.acoempracguides.org>/Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Opioids, pgs 75-86, which is part of the MTUS.

Rationale for the Decision:

Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, chronic back pain or for mechanical or compressive etiologies. It is recommended on a trial basis for short-term use. Long-term use has not been supported by clinical trials. A review of the submitted medical records in this case indicated the employee has been on Norco and hydrocodone for 6 months with no improvement on the pain scale. The medical records documented in August 2013 that the current pain regimen had failed. **The request for Hydrocodone bit/apap 10/35 mg tablets, #90 tablets is not medically necessary and appropriate.**

3) Regarding the request for Gabapentin 600 mg tablets, #30 tablets:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the: Goodman and Gilliam's The Pharmacological Basis of Therapeutics, 11th ed., McGraw Hill, 2006; the Physician's Desk Reference, 65th ed.; www.RxList.com; The Official Disability Guidelines (ODG) Worker's Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com.; Opioid Dose Calculator; AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov, which are not part of the MTUS and the ACOEM-<https://www.acoempracguides.org>, Low Back; Table 2, Summary of Recommendations Low Back Disorders and ACOEM-<https://www.acoempracguides.org>/Cervical and Thoracic Spine;

Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Gabapentin, pg 49, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, Neurontin (Gabapentin) is effective for diabetic neuropathic pain and post-herpetic neuralgia and has been considered 1st line therapy for neuropathic pain. A review of the records submitted for review in this case indicated the employee did not have the above medical conditions that would require Gabapentin. The guidelines indicate it is not FDA approved for chronic pain conditions unrelated to diabetic neuropathy or post-herpetic neuralgia. The medical records do not provide documentation indicating the reason for its use, its benefit or any diagnosis consistent with diabetic neuropathy or post-herpetic neuralgia. **The request for Gabapentin 600 mg tablets, # 30 tablets is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pas

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.