

Case Number:	CM13-0010016		
Date Assigned:	09/18/2013	Date of Injury:	10/15/2009
Decision Date:	01/17/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana, Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old male who reported an injury on 10/15/2009. The patient was recently evaluated by [REDACTED] on 09/09/2013. The patient complained of 7/10 pain. Physical examination revealed decreased sensation to light touch bilaterally at S1 and L5 dermatomes, positive pelvic thrust on the left, positive Faber maneuver bilaterally, tenderness to palpation over L4, L5, and S1 facet capsules on the left, secondary myofascial pain with triggering, positive stork testing on the left, positive straight leg raising on the left, positive pain with radiation to the left buttocks, posterior thigh, and medial leg. The patient is diagnosed with low back pain, status post L5-S1 laminectomy with foraminotomy, status post ESI, and lumbar disc degeneration and desiccation. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Pain & Pyrexia 10-325mg, 1 by mouth every 4 hours #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): s 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. As per the clinical notes submitted, the patient has been continuously utilizing this medication. Despite the ongoing use, the patient continues to present with high levels of pain. The patient also continues to demonstrate positive pelvic thrusting, positive Faber testing, tenderness to palpation, myofascial pain, and triggering points. Satisfactory response to treatment has not been indicated by a decrease in level of pain, increase in level of function, or overall improved quality of life. Therefore, ongoing use of this medication cannot be determined as medically appropriate. As such, the request for Norco Pain & Pyrexia 10-325mg, 1 by mouth every 4 hours #180 is non-certified.

Butrans- 10 mch/hour Patch: 1 patch to skin for 7 days #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): s 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 26-27.

Decision rationale: California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. As per the clinical notes submitted, the patient was issued a prescription for Butrans patch on 02/26/2013. The patient continued utilizing this medication up until 07/01/2013. Despite the ongoing use, the patient continued to present with high levels of pain, and demonstrated no change in physical examination. The requested medication has not been listed on the patient's active medication list since 07/29/2013. Based on the clinical information received and the California MTUS Guidelines, the request for Butrans- 10 mch/hour Patch; 1 patch to skin for 7 days #4 is non-certified.