

Case Number:	CM13-0021710		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2007
Decision Date:	03/12/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/09/2013

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 & Rehabilitation 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 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 55 year old male who sustained injury on 07/12/2007 to his lower back. Clinical note from dated 11/25/2013 by [REDACTED] indicates the patient presented with complaints of low back pain with radiation to the L lower extremities. The patient rates pain 5/10 in intensity with medication and 8/10 without medications. The pain is increased with activity and walking. The patient reports that his pain has not changed since his last visit. The patient reported limitations of ADL's in activity, ambulation, sleep and sex. The patient also reports the use of the TENS Unit for 6 months, twice a week for pain. The result is a reduction of pain by 30%. The patient also complains of untoward side effects from the medication Suboxone which consists of weight loss and myalgias. The patient is currently on a 4 mg dosage which can't be further reduced. The patient also reports that Norco high dose in the past was used for post-surgical pain with iatrogenic dependency subsequent. The patient states that he can't tolerate pain of function with medications stronger than Tramadol. Suboxone is not tolerated, Butrans Patch failed, and the use of Motrin is not effective. On physical exam the patient was noted to be well nourished, developed. Alert and well oriented. Moderate distress was observed and gait was antalgic and slow. On Lumbar exam, spasm was noted. Range of motion to spine was moderately to severely limited and pain was significantly increased on flexion and extension. The last urine toxicology on 09/30/2013 revealed positive traced of Tramadol and Butalbital. The patient is continuing proposed treatments of long term regular use of NSAIDS, Acetaminophen, or other medications that may affect the kidneys. Injectable corticosteroids may be used periodically which may cause transient changes in diabetic patients. Medications to be discontinued include Tramadol, Ibuprofen and Suboxone. Medications prescribed at this visit are Viagra 100 mg 1 PO daily prn #10 and Norco 10/325mg 1 tablet PO TID and PRN for pain , #90 Brand Name Only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325-40mg #60: 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 Barbituate-Containing Analgesic agents (BCA) Page(s): 23.

Decision rationale: As per CA MTUS guidelines, BCAs are not recommended for pain. The potential for drug dependence is high and no evidence exists to show clinically importance enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. All medications were last addressed at the patient's most recent medication reevaluation on 12/23/2013 but the medication in question was not listed for discussion. There was no noted discussion of side effects in regards to headaches and the medication last addressed on 07/08/2013 for initial prescription. The patient also has a past history of iatrogenic dependency on medications with opiate components. Therefore, this request is non-certified.

Suboxone 8mg-2mg sublingual #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 76-80, 26-27.

Decision rationale: As Per CA MTUS guidelines, suboxone is recommended for treatment of opiate agonist dependence. Also, As per CA MTUS, there must be a therapeutic trial of opioids analgesics noted with an established treatment plan, continued documentation and failure outcome. There was also no documentation of treatment failure for non -opiod analgesics noted in chart . This patient was currently taking the prescribed medication listed above and was unable to tolerate with side affects including weight loss and myalgias. No documentation was noted for established trial of compliance. This medication was discontinued per provider on 12/23/2013. Therefore, the request is non-certified.