

Case Number:	CM13-0021809		
Date Assigned:	12/04/2013	Date of Injury:	04/17/2013
Decision Date:	01/27/2014	UR Denial Date:	08/20/2013
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 Emergency Medicine, and is licensed to practice in New York. 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.

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 female who suffered an injury on April 17, 2013. The patient was trying to pull herself into the company van when she fell onto her right shoulder. She injured her right shoulder and right hip. The patient complained or continued pain to her right neck, shoulder, hip, thigh, and waist. She was diagnosed with strain right shoulder/trapezius muscle and strain/sprain right hip. Treatment included physical therapy, home exercise program, ice/hear pack, and medications. Request for authorization for Buprenorphine and Flexeril were submitted on July 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine between 7/30/2013 and 10/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Treatment and Interventions Page(s): 26-27,76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Buprenorphine.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid

analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. Opioid use is contraindicated in those patients that use illegal drugs. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). These patient populations include those with hyperalgesia, centrally mediated pain, neuropathic pain, at high-risk of non-adherence with standard opioid maintenance; and who have previously been detoxified from other high-dose opioids.

Flexeril between 7/30/2013 and 10/11/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 41-42, 63.

Decision rationale: The Physician Reviewer's decision rationale: Chronic Medical Treatment Guidelines state that muscle relaxants should be used with caution as a second-line option only. They may be effective in reducing pain, and muscle tension, and increasing mobility, but have been shown to have little benefit in back pain patients. Flexeril is the muscle relaxant cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. In this case, the patient had been treated for several months. This is long past the window of effectiveness for the cyclobenzaprine.