

Case Number:	CM13-0025590		
Date Assigned:	11/20/2013	Date of Injury:	03/26/2008
Decision Date:	01/23/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 Pain Medicine and 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 prior physician reviewer discussed this patient's history of chronic neck pain and upper back pain, and that reviewer notes that the records documented that Oxycodone was effective in producing functional improvement, including a return to modified work, and that Oxycodone was therefore certified. However, the reviewer noted that the patient was not at high risk of non-adherence with the standard Opioid treatment, and the records did not indicate that the patient was previously detoxified from other high dose Opioids. Therefore, the reviewer recommended non-certification of Butrans. The prior reviewer indicated that the patient had been treated with Flexeril consistently since 2011 and that the guidelines did not support the long-term use of Flexeril. The prior reviewer also indicated that the patient did not have psychiatric evaluation to indicate improvement in insomnia or otherwise an indication for continued Xanax. Therefore, the reviewer recommended that this be non certified. A treating physician note on 08/07/2013 notes that the patient was receiving Percocet and required 2 emergency room visits. That report notes the patient's diagnoses include lumbar degenerative disk disease, stenosis, status post lumbar decompression, lumbar radiculopathy, left shoulder surgeries x2, depression, and insomnia. The physician recommended Oxycodone as an interim medication and also requested Butrans as efficacious for patients with moderate to severe pain. The treating physician additionally recommended Flexeril for muscle spasm. The treating physician noted that, specifically regarding Butrans, this likely would result in a markedly decrease usage of oral narcotics and would likely improve the patient's pain control and reduce the need for emergency room visits. The treating physician also recommended Xanax 0.5 mg at bedtime #30 for stress, anxiety, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg an hour patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids ongoing management Page(s): 78.

Decision rationale: The California Chronic Pain Medical Treatment guidelines section on opioids ongoing management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Additionally, they note that the same guidelines state regarding buprenorphine "recommended for treatment of opioid addiction also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. " Overall, it is not clear that this patient's opioid treatment is being titrated based on objective functional improvement or that the patient has had a detailed assessment of risk of aberrant behavior as recommended by the 4 domains of opioid management. Rather, it appears that opioid prescriptions are being recommended based on subjective symptoms reported by the patient or subjective non-verified functional improvement. An indication for opioids in general and particularly an indication for a Butrans patch are not clearly supported by the medical records and guidelines. This request is not medically necessary or appropriate.

30 Fexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on muscle relaxants, page 64, states regarding Flexeril, "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. " The medical records do not clearly provide an indication or rationale for Flexeril on a chronic basis at this time. This request is not medically necessary or appropriate. –

30 Xanax 0.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Section Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on benzodiazepines, page 24, states, "Not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions. " The medical records do not contain an indication, rationale, or probable benefit for the use of benzodiazepine treatment on a chronic basis as has been requested. Overall, the medical records and guidelines do not support this request. This request for Xanax is not medically necessary or appropriate...