MAXIMUS Federal Services

Case Number:	CM13-0037755		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2007
Decision Date:	02/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine and Cardiology , has a Fellowship trained in Cardiovascular Disease and is licensed to practice in 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 56-year-old male who reported an injury on 07/12/2007. The patient is diagnosed with lumbar radiculopathy, cervical radiculopathy, chronic pain, erectile dysfunction, and status post lumbar spine ROH. The patient was recently evaluated on 09/30/2013. The patient reported 4/10 pain with medication. Physical examination revealed tenderness to palpation, moderate reduction in lumbar range of motion, and no changes in sensory or motor examination. Treatment recommendations included continuation of current medication including Motrin, Suboxone, Fioricet, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg-2mg SL film, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine;Opioids, criteria for use. Page(s): 26-27, 76-80.

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

Decision rationale: The Physician Reviewer's 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. There is no documentation of a failure to respond to non-opioid analgesics. Additionally, the patient continues to report persistent pain with left lower extremity radiation despite the ongoing use of this medication. Satisfactory response to treatment has not been indicated. The patient's physical examination continues to reveal moderate distress, moderately reduced range of motion, tenderness to palpation, and no changes to sensory or motor examination. Based on the clinical information received, the request is non-certified.

Tramadol HCL 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The Physician Reviewer's 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. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no significant change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.