MAXIMUS Federal Services

Case Number:	CM13-0039280		
Date Assigned:	12/18/2013	Date of Injury:	06/04/2010
Decision Date:	03/12/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family Practice 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 claimant sustained an injury on 6/4/2010 that resulted in back pain, trapezial pain, and radiating pain to the arms. An exam note on 8/27/13 noted that the claimant doesn't tolerate morphine for pain control and has been denied Duragesic Patches and Butrans necessitating a higher dose of opioids. Examination findings at the time resulted in a diagnosis of lumbar strain and trapezial strain. Meloxicam and Dilaudid were initiated for pain control. Due to continued pain of 7/10 on 10/29/13, a request for Duragesic Patch was made again along with Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr patch 7 days: 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): 26.

Decision rationale: According to the MTUS guidelines: Buprenorphine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). These recommendations are also made for the oral form. The use of patches

is not medically necessary since there is no documentation indicating opioid addiction and need to withdraw.

Meloxicam 15 mg 30 pills total: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-73.

Decision rationale: According to the MTUS guidelines NSAID are recommended at the lowest does for the shortest period for patients with moderate or severe pain in cases of chronic back pain and osteoarthritis. NSAIDs such as Naproxen are not superior to acetaminophen. There is inconsistent evidence for long-term use for neuropathic pain. The prolonged use of NSAIDs can also delay healing of soft tissues, muscles, ligaments, tendons and cartilage. For acute exacerbations of low back pain it is second line to acetaminophen. Meloxicam is an NSAID (MobicÂ®, generic available): 7.5, 15 mg. Dosing: Osteoarthritis: The usual initial dose is 7.5 mg/day, although some patients may receive additional benefit with an increase to 15 mg a day. The maximum dose is 15 mg/day. Use for mild to moderate pain is off-label. In this case, the pain is moderate to high and there is no documentation of titration of Meloxicam. The 15mg dose of Meloxicam is not medically necessary.

Dilaudid 2mg 30 pills total: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dilaudid Page(s): 80-81.

Decision rationale: According to the MTUS guidelines: Opioids for Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. In this case, the actual etiology is mechanical strain and in these cases opioids have not found to be beneficial. The use of Dilaudid is not medically necessary.