

Case Number:	CM13-0042291		
Date Assigned:	07/30/2014	Date of Injury:	12/01/2010
Decision Date:	08/29/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical 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 expert 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 47 year old male with date of injury 12/1/10. The treating physician report dated 8/27/13 indicates that the patient presents with pain affecting the left shoulder rated a 6-7/10 and cervical pain with paresthesia affecting the upper extremities bilaterally. Examination findings include muscle weakness 4+/5 affecting the left finger flexors, left biceps, left triceps, left shoulder abductors, left shoulder adductors, left thumb adductors and left finger extensors. Left shoulder range of motion is decreased in flexion, extension, abduction and internal rotation all causing increased pain. Cervical MRI dated 3/23/13 reveals small central protrusion at C5/6 and C6/7. Left shoulder MRI dated 3/23/13 reveals mild partial tear at the infraspinatus with postoperative changes at eh acromioclavicular. The current diagnoses are: 1.Chronic cervical spine pain likely associated with facet capsular tears and disc injury. 2.Cervicogenic migraine like headaches associated with likely C2/3 injury. 3.Intra articular shoulder injury status post two surgeries. 4.Cervical retrolisthesis C4/5 and C5/6. The utilization review report dated 9/17/13 denied the request for Butrans patch 5mcg/hour apply one per week #4 and Vicodin 500mg/7.5mg tablet 1 tab by mouth q.i.d. #120 based on the MTUS guidelines. The rationale for denial was not provided in the utilization review report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Vicodin 500mg/7.5mg tablet, 1 tablet by mouth (PO) 4 times per day(QUID) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Specific drug list).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, long-term assessment Page(s): 80-82, 88-96.

Decision rationale: The patient presents with chronic left shoulder pain status post surgery x2 with chronic cervical pain and bilateral upper extremity paresthesia. The current request is for Vicodin 500mg/7.5mg tablet, 1 tablet by mouth (PO) 4 times per day (QID) #120. In reviewing the treating physician reports provided there is documentation that the patient has been prescribed Vicodin since at least 2/19/13. There is no information in the reports submitted to indicate the patient's response to the medication or functional improvements achieved with medication usage. MTUS pgs 88 & 89 recommends documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, activities of daily living (ADL), adverse side effects & adverse behavior). In this case, the treaters report does not document pain assessment and function related to Opiate use. There is no documentation of numeric scale assessing the patient's function. No Analgesia, ADL's or other measures are provided regarding the use of Vicodin. Per documentation provided Vicodin has not been effective. Recommendation is not medically necessary.

Prescription of Butrans patch 5mcg/hour apply one per week #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Treatment for Workers' Compensation, Online Edition, Pain Chapter, Buprenorphine for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buprenorphine for chronic pain.

Decision rationale: The primary treating physician has been treating the patient for chronic pain. He has tried different therapeutic options and now has progressed to Opioids. The current request is for Butrans patch 5mcg/hour apply one per week #4. There is documented improvement in pain and function in the medical records provided. Unfortunately, the primary treating physician does not quantify the increase in function of the other medication justifying his use of medications by pasting references into his letter of medical necessity. He does not delineate how his use of medication fulfills clinical guidelines. The patient appears to have an hyperalgesic component to pain as well as neuropathic pain. The MTUS Guidelines do not address Butrans patches. The Official Disability Guidelines state that Butrans is indicated for these applications. Recommendation is medically necessary.

