

Case Number:	CM13-0047852		
Date Assigned:	12/27/2013	Date of Injury:	06/13/1998
Decision Date:	03/07/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with a slip and fall industrial injury of January 13, 1998. Thus far, the applicant has been treated with the following: Analgesic medications, including long and short-acting opioids; lumbar fusion surgery; antidepressant medications; attorney representation; and extensive periods of time off of work. In a utilization review report of October 24, 2013, the claims administrator denied request for tramadol, Suboxone, and Lexapro. The applicant's attorney subsequently appealed. A later progress note of December 19, 2013 is notable for comments that the applicant's medications work. He reportedly still needs them. He reports an average score of 8/10 pain without medications and 2-3/10 with medications. The applicant is unemployed. He reports poor sleep. Medications facilitate performance of activities of daily living, including house chores. The applicant states that his depressive symptoms and affective disorder have been improved with introduction of medications. The applicant's permanent restrictions are renewed. Tramadol, Suboxone, and Lexapro are all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #240: Overturned

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing opioid usage. In this case, while the applicant has not returned to work, it does appear, on balance, that he has met the other criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, there are reports of significant reduction in pain scores and improved ability to perform non-work activities of daily living, including household chores, affected as a result of ongoing opioid usage. Therefore, the request is certified.

Suboxone 8/2, #120: Overturned

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

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

Decision rationale: The MTUS does not specifically discuss the topic of Suboxone. As noted in the ODG chronic pain chapter buprenorphine topic, buprenorphine or Suboxone is recommended as an option for treatment of chronic pain in selected individuals who are long-standing opioid users. In this case, the applicant is a long-term opioid user. As noted by the attending provider, he has apparently tried other medications without relief. He is reporting appropriate analgesia and improved performance of non-work activities of daily living through ongoing Suboxone usage. Continuing the same, on balance, is therefore indicated, as suggested on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is certified.

Lexapro 20mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 15, antidepressants take some time, typically several weeks or more, to exert their maximal effect. In this case, the applicant is described as having issues with a psycho affective disorder/depressive disorder, which has apparently stabilized following introduction of Lexapro. The applicant's mood, per the attending provider, has improved after introduction of Lexapro. Continuing the same, on balance, is therefore indicated. Accordingly, the request is certified, on independent medical review.

