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| Case Number: | CM13-0051453 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/02/2009 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 11/08/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 58 year old female who reported an injury on 10/02/2009 due to a slip and fall that reportedly caused injury to the patient's bilateral hands, bilateral knees, neck, and low back. The patient's treatment history included medications, surgical intervention, physical therapy, and psychiatric support. The patient's current medication schedule included Butrans patch 5 ug, Norco 7.5/325 mg, Flexeril 5 mg, Senokot, Colace 100 mg, and Dulcolax 5 mg. The patient's most recent clinical evaluation noted that the patient had significantly limited range of motion secondary to pain with tenderness to palpation in the lumbosacral junction and sacroiliac joints. It was noted that the patient was not receiving the Norco, which was resulting in significant withdrawal symptoms to include nausea and vomiting. The patient's diagnoses included chronic pain syndrome. The patient's treatment plan included continuation of medications and preoperative clearance for surgical intervention to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 5ug: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26 and 60.

Decision rationale: The requested Butrans Patch 5ug is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends this medication for chronic pain for patients who have undergone a detoxification process. The clinical documentation submitted for review does indicate that the patient has a history of chronic opioid usage; however, continues to have chronic pain. The California Medical Treatment and Utilization Schedule recommends the continued use of medications be supported by documentation of functional benefit, and a quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has any significant pain relief from the patient's current medication schedule. The clinical documentation submitted for review also lacks evidence of functional benefit related to the patient's medication usage. Therefore, continued use of the Butrans patch would not be medically necessary or appropriate.

Norco 7.5-325mg: Upheld

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

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

Decision rationale: The requested Norco 7.5-325mg is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, quantitative assessment of pain relief, managed side effects, and evidence that the patient is compliant to a prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient has significant pain relief from the patient's medication usage. There is no quantitative assessment to establish the efficacy of the requested medication. Additionally, there is no documentation of functional benefit or that the patient is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. As such, the requested Norco 7.5-325mg is not medically necessary or appropriate.

Senokot:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The requested Senokot is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does recommend prophylactic treatment of constipation when the patient is on opioid medications chronically. However, the clinical documentation does not address any side effects related to medication usage that require medical management. Additionally, there is no documentation of an adequate assessment of the patient's

gastrointestinal system to support the need for continued use of this medication. As such, the requested Senokot is not medically necessary or appropriate.

Colace 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The requested Colace 100mg is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does recommend prophylactic treatment of constipation when the patient is on opioid medications chronically. However, the clinical documentation does not address any side effects related to medication usage that require medical management. Additionally, there is no documentation of an adequate assessment of the patient's gastrointestinal system to support the need for continued use of this medication. As such, the Colace 100mg is not medically necessary or appropriate.