

Case Number:	CM13-0055552		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2011
Decision Date:	03/26/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 59 year old male who reported a work-related injury on 7/20/11. The mechanism of injury was a fall. The patient is diagnosed with cervical disc disorder, lumbar disc disorder, left shoulder arthropathy, left knee arthropathy, and severe depression. His most recent office note dated 10/2/13 indicated that the patient complained of increased back spasms and stiffness. His medications included Butrans 20mcg patches every 5 days, Vicodin 5/500mg 3 times a day, Valium 5mg 4 times a day, Gabapentin 300mg 3 times a day and Fiorinal for headaches, 1-2 tablets 3 times a day. The documentation indicated that the patient did not appear overmedicated at his visit. However, it was noted that he had a history of drug abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Fiorinal 150/325/40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA package inserts

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

Decision rationale: The clinical information submitted for review indicates the patient is utilizing Fiorinal for headaches. However, details regarding the patient's pain outcome with use

of Fiorinal were not provided. Additionally, there was no documentation indicating whether the patient had any side effects from use of this medication. In the absence of details regarding the patient's pain and functional status in relationship to use of the medication, the request is not supported. As such, the request is non-certified.

120 Valium 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA package inserts

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a significant risk of dependence. It further states that most guidelines limit its use to 4 weeks. As the guidelines specifically state the use of benzodiazepines is not recommended for longer than 4 weeks, the request is not supported. As such, the request is non-certified.

Butrans 20mcg #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA package inserts

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

Decision rationale: According to the California MTUS guidelines, Buprenorphine is recommended for the treatment of opioid addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The patient was noted to have a history of drug abuse; however, details regarding whether the patient has been detoxified and when this occurred were not provided in the medical records. Additionally, the patient's outcome with use of the Butrans patch was not provided. Therefore, it is unclear whether the patient had increased function and decreased pain with use of the Butrans patch. In the absence of this documentation, the request is not supported. Therefore, the request is non-certified.