MAXIMUS Federal Services

Case Number:	CM13-0065132		
Date Assigned:	03/26/2014	Date of Injury:	11/09/1999
Decision Date:	06/30/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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 applicant is a [redacted] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of November 9, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and opioid therapy. In a progress note dated November 25, 2013, the applicant was described as permanently disabled and unable to enter the labor market. The applicant was given refills of Lorcet, Soma, Prevacid, Levsin, Ambien, Zofran, and Azor 5/20 "for hypertension." In a later note dated March 31, 2014, the applicant was described as having been tried on many opioids including Butrans, Duragesic, morphine, Lorcet, and Soma. The applicant exhibited a blunted and flat mood and affect. Lorcet, Soma, Prevacid, Levsin, Ambien, and Azor were renewed, the latter of which was reportedly prescribed for hypertension. A medical-legal evaluation dated October 26, 2006 was notable for comments that the applicant did reportedly carry diagnoses of hypertension, fibromyalgia, shoulder pain, and hypercholesterolemia.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAIL OF BUTRANS PATCHES 5 MCG ONE PATCH EVERY WEEK # 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER, OPIOIDS, CRITERIA FOR USE , 76-80

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BURENORPHINE TOPIC, PAGE 26-27

Decision rationale: As noted on pages 26 and 27 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine is recommended for treatment of opioid addiction. Buprenorphine is indicated to treat opioid dependence and/or opioid addiction, it is incidentally noted, and can be employed as an option for chronic pain in applicants following detoxification who have a history of opioid addiction. In this case, however, the applicant does not have any stated history of opioid addiction and/or dependence. It was not clearly stated that buprenorphine was being introduced to facilitate treatment of opioid addiction, opioid dependence, or to wean the applicant off of numerous other agents. No rationale, commentary, or progress note was attached to the September 25, 2013 request for authorization for a trial of four Butrans patches. Therefore, the request was not medically necessary.

AZOR 5/20: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non MTUS Physicians' Desk Reference (PDR), Azor Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Desk Reference (PDR), Azor, a combination of amlodipine and olmesartan, is a medication used alone or in combination with other medications to treat high blood pressure. In this case, the applicant's treating provider and medical-legal evaluator have seemingly reported on multiple occasions that the applicant in fact carries a diagnosis of hypertension for which ongoing usage of Azor is indicated and appropriate. Therefore, the request is medically necessary.