

Case Number:	CM13-0065565		
Date Assigned:	01/03/2014	Date of Injury:	11/02/2012
Decision Date:	05/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/13/2013

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:

According to the records made available for review, this is a 54-year-old male with a 11/2/12 date of injury. At the time (12/2/13) of the Decision for Hydrocodone 10/325, Lorzone 750mg, Butrans 5mcg, and Duexis 800mcg, there is documentation of subjective (shoulder, low back, and lower extremity pain with associated numbness and tingling) and objective (tenderness to palpation over the paraspinal regions, decreased lumbar range of motion, and spasms in the lumbar paraspinal musculature) findings, current diagnoses (status post left shoulder surgery, bilateral shoulder strain, right sacroiliac strain, and lumbar strain), and treatment to date (physical therapy, chiropractic treatment, and medications (including ongoing treatment with Final Determination Letter for IMR Case Number CM13-0065565 3 Hydrocodone)). Medical reports identify recommendation for Butrans for severe chronic pain and Duexis since ibuprofen appears to be upsetting the patient's stomach. Regarding Hydrocodone 10/325, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone use to date. Regarding Lorzone 750mg, there is no documentation of acute muscle spasms and the intention to treat over a short course (less than two weeks). Regarding Butrans 5mcg, there is no documentation of detoxification with a history of opiate addiction. Regarding Duexis 800mcg, there is no documentation of signs and symptoms of rheumatoid arthritis and osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery, bilateral shoulder strain, right sacroiliac strain, and lumbar strain. In addition, there is documentation of ongoing treatment with Hydrocodone. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 10/325 is not medically necessary.

LORZONE 750MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Muscle Relaxant Section.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery, bilateral shoulder strain, right sacroiliac strain, and lumbar strain. In addition, there is documentation of muscle spasms. However, given documentation of an 11/2/12 date of injury, there is no documentation of acute muscle spasms. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore,

based on guidelines and a review of the evidence, the request for Lorzone 750mg is not medically necessary.

BUTRANS 5MCG: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery, bilateral shoulder strain, right sacroiliac strain, and lumbar strain. However, despite documentation of a request for Butrans for severe chronic pain, there is no documentation of detoxification with a history of opiate addiction. Therefore, based on guidelines and a review of the evidence, the request for Butrans 5mcg is not medically necessary.

DUEXIS 800MCG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, PPI Section.

Decision rationale: Duexis is a combination of the NSAID ibuprofen and the histamine H2-receptor antagonist famotidine that is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery, bilateral shoulder strain, right sacroiliac strain, and lumbar strain. In addition, there is documentation of low back pain and a request for Duexis since ibuprofen appears to be upsetting the patient's stomach. However, there is no documentation of signs and symptoms of rheumatoid arthritis and osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for Duexis 800mcg is not medically necessary.

