

Case Number:	CM13-0065938		
Date Assigned:	01/03/2014	Date of Injury:	02/28/2010
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 73-year-old male who reported an injury on 02/28/2010. The mechanism of injury was not provided for review. The patient developed chronic pain that was managed with multiple medications. The patient was monitored for aberrant behavior with urine drug screens and CURES reporting. The patient's most recent clinical evaluated documented the patient's medications have been helpful in reducing pain and maintaining and improving function. It was also documented that the Butrans patch was not helpful in medication reduction or pain reduction. Physical findings included tenderness to palpation along the paravertebral musculature along the L3-S1 levels with restricted range of motion secondary to pain. The patient's diagnoses included lumbar facet arthropathy, lumbar radiculopathy, and chronic pain. The patient's treatment plan included continuation of medication usage and the use of an interferential unit

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20mcg patch 1 patch q7 days #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter, Pain

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

Decision rationale: The requested Butrans patch 20 mcg patch 1 patch every 7 days #4 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient was prescribed this medication in 10/2013. It is noted in the patient's most recent clinical examination in 11/2013 that this medication was not beneficial and did not provide any significant pain relief or allow for reduction in medication. California Medical Treatment Utilization Schedule recommends this medication for patients who have a history of opioid addiction and continue to have moderate to severe pain. Although the clinical documentation submitted for review does indicate the patient has been on opioid medications for an extended period of time, the efficacy of this medication was not established. Therefore, continued use is not supported. As such, the requested Butrans patch 20 mcg patch 1 patch every 7 days #4 is not medically necessary or appropriate

Interferential unit supplies patches for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: The requested interferential unit supplies patches for 6 months is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of this treatment modality be supported by documentation of significant functional benefit and pain relief. The clinical documentation submitted for review does not provide any evidence that the patient is consistently using the interferential unit. There is no documentation of significant functional benefit or pain relief as result of that unit. Therefore, the need for a 6-month supply of patches is not clearly established. As such, the requested interferential supplies patches for 6 months are not medically necessary or appropriate

Norco 10/325mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg twice a day #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of functional benefit, a quantitative assessment for pain relief, managed side effects, and evidence the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate the patient is monitored for aberrant behavior with CURES reports and urine drug screens. However, the clinical

documentation does not provide specific evidence of functional improvement. The efficacy of pain relief is reported with subjective verbiage. There is no quantitative assessment of pain relief to support ongoing use of this medication. As such, the requested Norco 10/325 mg twice a day #60 is not medically necessary or appropriate