

Case Number:	CM14-0002237		
Date Assigned:	01/24/2014	Date of Injury:	03/13/2007
Decision Date:	06/16/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/07/2014

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: Anesthesiology, Pain Medicine 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 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 injured worker is a 58-year-old male who reported an injury on 03/13/2007 after a fall to the ground. The injured worker reportedly sustained an injury to his left wrist, left upper extremity, left chest, bilateral knees and lumbar spine. The injured worker's treatment history included a total knee replacement, right knee arthroscopy, right knee arthrotomy, open reduction internal fixation of the left humerus, physical therapy, corticosteroid injections and medications. The injured worker was evaluated on 11/05/2013. It was documented that the injured worker was compliant with the use of medications. The injured worker's medications included nabumetone, pantoprazole, cyclobenzaprine, quetiapine fumarate, buprenorphine, amlodipine, atenolol, lisinopril, metformin and pravastatin. The injured worker's diagnoses included pain in joint and lumbar disc displacement without myelopathy. The injured worker was evaluated on 01/09/2014. It was documented that the injured worker's medications included buprenorphine and Flexeril. It was documented that the injured worker had a reduction in pain from a 7/10 to a 4/10 with medications. It was documented that medications did assist with functional status and pain relief. It was documented that the injured worker was weaned off Fentanyl and Norco and provided buprenorphine to assist with chronic pain control. It was noted that the injured worker used Flexeril on an as needed basis for muscle spasming and left arm tightness secondary to a CVA. It was noted that the injured worker was receiving Zanaflex from his primary care physician and would continue use of that medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO FOR BUPRENORPHINE 2MG #90 FOR DOS 11/5/13: Overturned

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

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

Decision rationale: The retrospective request for buprenorphine 2 mg #90 for the date of service of 11/05/2013 is medically necessary and appropriate. The California Medical Treatment Utilization Schedule recommends this medication for injured workers who have a history of opioid addiction and require assistance with chronic pain control. The clinical documentation submitted for review from 11/05/2013 does not provide justification for this medication. There was no documentation of the efficacy of this medication to support the continued use. However, the injured worker was evaluated on 01/09/2014. It was documented that the injured worker was weaned off Fentanyl and Norco and that the requested buprenorphine replaced these medications for chronic pain control. It was documented that the injured worker had a reduction in pain from a 7/10 to a 4/10 due to the medication usage and an increase in functional activities. Therefore, continued use of this medication would be supported. As such, the retrospective request for buprenorphine 2 mg #90 for the date of service of 11/05/2013 is medically necessary and appropriate.

RETRO FOR CYCLOBENZAPRINE 7.5MG #90 FOR DOS 11/5/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The retrospective request for cyclobenzaprine 7.5 mg #90 for the date of service of 11/05/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends muscle relaxants for short-term use, not to exceed 2 to 3 weeks, for acute exacerbations of chronic pain. The clinical documentation from 11/05/2013 did not provide a justification for the use of this medication. It was noted within the documentation that the injured worker has been on this medication for an extended duration of time. The injured worker was evaluated on 01/09/2014. It was documented that this request was previously denied. It was noted within the documentation that the injured worker was also taking Zanaflex from another treating physician. There was no justification provided to support the need for 2 different types of muscle relaxants. Therefore, continued use of this medication would not be supported. As such, the retrospective request for cyclobenzaprine 7.5 mg #90 for the date of service of 11/05/2013 is not medically necessary or appropriate.