MAXIMUS Federal Services

Case Number:	CM14-0009392		
Date Assigned:	02/14/2014	Date of Injury:	10/21/2009
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/22/2014

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 Internal 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 injured worker is a 49-year-old female who reported an injury on 10/21/2009 secondary to unknown mechanism of injury. The injured worker was evaluated on 01/15/2014 for reports of horrible headaches aggravating the low back and shoulder pain. The exam noted severe tenderness to the cervical paravertebrals, trapezius, and intrascapular area, as well as on the medial border and anterior pole of the right scapular area. Positive Neer's and Hawkins' signs were noted to the right side, along with tenderness to the right elbow. Tenderness to palpation was noted in the thoracic paravertebral area. The diagnoses include status post right shoulder arthroscopy, cervical sprain, myofascial pain, thoracic sprain, and headaches. The treatment plan included medication therapy. The Request for Authorization dated 01/15/2014 was in the documentation provided. The rationale for the order of Butrans was not included in the documentation provided; however, the rationale for Norco was noted for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE BUTRANS DIS 20MCG/HR, #4 LAST FILLED 12/11/13: 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, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

Decision rationale: The request for retrospective Butrans DIS 20mcg/hr, #4 last filled 12/11/13 is non-certified. The California MTUS Guidelines recommend buprenorphine as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation for the treatment of chronic pain. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk of aberrant drug use behavior, and side effects. Therefore, based on the documentation provided, the request is not medically necessary.

RETROSPECTIVE HYDROCODONE/APAP 10/325MG, #60 LAST FILLED 12/11/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for retrospective Hydrocodone/APAP 10/325mg, #60 last filled 12/11/13 is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior, and side effects. Therefore, based on the documentation provided, the request is not medically necessary