

Case Number:	CM14-0011332		
Date Assigned:	02/21/2014	Date of Injury:	04/10/1994
Decision Date:	07/07/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 41 year old female who was injured on 4/10/94. The mechanism of injury was not provided for review. Prior treatment history has included Prozac, Promethazine, Topamax, Xanax, Ambien, Norco, Butrans, trigger point injection on 11/25/2013, and three lumbar sympathetic blocks on 7/24/13, 7/29/13, and 8/5/13 on the left side at L2 and L3. The most recent mass spectrometry liquid chromatographic analysis performed on 9/20/13 revealed Hydrocodone with metropolite and there were no non-prescribed controlled substances found in the urine. Urine drug screening dated 8/30/13 revealed positive results for benzodiazepines and opioids. A visit note dated 12/16/13 indicated that the patient was flared and suffered from chronic pain syndrome. She noted severe breakthrough pain. She states that Butrans has been very effective for her. Opiate treatment provided significant improvement in pain as well as improvement of activities of daily living with Butrans 20mcg patch. She reported 25% relief with an increased improvement in standing and functional tolerance. The patient takes Norco for breakthrough pain for which she has signed an opiate agreement and is in compliance. She noted a 20-30% decrease in pain with the use of Norco. Objective findings on exam revealed motor examination revealed no focal change. Cervical spine revealed tightness. The lumbar spine revealed trigger points and myofascial restriction noted in the bilateral gluteus medius and piriformis groups. Straight leg raise test is negative bilaterally. The patient has 74 lb grip strength on the right and 70 lb grip strength on the left. Treatment and plan include Norco, Butrans, Prozac, and Ambien. A medication agreement has been signed and the patient agreed to submit a random drug and urine screen to assure compliance. Diagnoses are status post right ankle fusion and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF BUTRANS 20MCG, #4 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26 - 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Buprenorphine.

Decision rationale: The California MTUS and Official Disability Guidelines recommend Buprenorphine as a treatment option for chronic pain in patients who have a history of opiate addiction. It is not recommended as a first line treatment option. The medical records do not document evidence of a prior opiate addiction or history of substance abuse. Further, the documents show that the patient is receiving the same pain relief and functional benefits from the use of Norco, another opiate medication. Based on the MTUS and ODG criteria as well as the clinical documentation stated above, the request is not medically necessary.

UNKNOWN PRESCRIPTION OF FLEXERIL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41 - 42.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend Cyclobenzaprine (Flexeril) as a short course of therapy for muscle spasms and acute low back pain. The guidelines do not recommend long term use of this medication. The medical records document that the patient has chronic low back pain and has been on opiate therapy for a prolonged period of time for this condition. Furthermore, there is no documentation regarding the length of time or treatment plan for the use of Flexeril. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.