

Case Number:	CM14-0016305		
Date Assigned:	04/11/2014	Date of Injury:	12/10/2008
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 51-year-old male who reported an injury on 12/10/2008 due to repetitive trauma while performing normal job duties. The injured worker ultimately underwent fusion at T6-L1. Postsurgical pain was managed with medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's medications included Butrans patches, Norco, Lyrica, and Lexapro. It was documented that the injured worker had been on these medications since at least 05/2013. The injured worker was evaluated on 01/09/2014. It was documented that the injured worker had 9/10 pain without medications that was reduced to 6/10 with medications. It was noted that the injured worker was able to perform activities of daily living, as well as participate in an independent home exercise program as result of medication usage. Physical findings included limited range of motion secondary to pain and tenderness to palpation over the lumbosacral junction. The injured worker's diagnoses included lumbar spinal stenosis status post thoracolumbar fusion, lumbar radiculopathy, complex regional pain syndrome, and situational depression secondary to chronic pain. The injured worker's treatment plan included continuation of medications and a random urine drug screen

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS PATCH 10MCG/HR, #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: The requested Butrans patch 10 mcg/hour #8 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of this medication in the management of chronic pain. California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation does indicate that the injured worker has reduction in pain with medication usage and is able to participate in an independent home exercise program as result of medications. However, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Butrans patch 10 mcg/hour #8 is not medically necessary or appropriate.

NORCO 10/325MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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 #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has pain relief and increased functional benefit resulting from medication usage. Also, it is documented that the injured worker is regularly monitored for aberrant behavior. However, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #90 is not medically necessary or appropriate.

RANDOM URINE DRUG SCREENING, 4 TIMES PER YEAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The requested random urine drug screen 4 times per year is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of urine drug screens to monitor an injured worker using opioids to manage chronic pain.

Official Disability Guidelines recommend injured workers at low risk for aberrant behavior is monitored on a yearly basis. The clinical documentation submitted for review does indicate that the injured worker underwent a urine drug screen in 11/2013. The clinical documentation did not provide any evidence that the injured worker had any symptoms of withdrawal or overuse that would support that they are at high risk for non-adherence and would require more than minimal monitoring. As such, the requested random urine drug screen 4 times per year is not medically necessary or appropriate.