

Case Number:	CM14-0017076		
Date Assigned:	04/14/2014	Date of Injury:	10/31/2009
Decision Date:	06/02/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 46-year-old female who reported an injury on 10/31/2009. The injured worker reportedly sustained a lower back injury while removing film from a pallet. Current diagnoses include cervical pain, myofascial pain, back pain, lumbar degenerative disc disease, sciatica, low back pain, arthritis of the back, depressive disorder, cervical strain, constipation, rotator cuff syndrome, and shoulder pain. The injured worker was evaluated on 12/18/2013. The injured worker reported persistent pain. Current medications include Colace, buprenorphine, and tramadol. Physical examination revealed diminished left shoulder range of motion, tenderness to palpation of the lumbar spine, diminished range of motion of the lumbar spine, negative straight leg raising bilaterally, and intact sensation. Treatment recommendations at that time included continuation of current medication, and a prescription for Neurontin 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR BUTRANS PATCHES 5MCG/HR #4: 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 Section On Buprenorphine Page(s): 26-27.

Decision rationale: The California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain after detoxification in patients who have a history of opiate addiction. There is no evidence of opiate addiction or detoxification. There is also no documentation of objective functional improvement as a result of the ongoing use of this medication. There is no frequency listed in the current request. As such, the request is non-certified.

PRESCRIPTION FOR TRAMADOL 50MG #60: 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 Section On Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request is non-certified.

PRESCRIPTION FOR NEURONTIN 100MG #180: 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 Section On Anti-Epilepsy Drugs (Aeds), Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. There was no evidence of neuropathic pain upon physical examination. There is also no frequency listed in the current request. As such, the request is non-certified.