

Case Number:	CM14-0168597		
Date Assigned:	10/16/2014	Date of Injury:	12/10/2008
Decision Date:	11/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic pain syndrome, and depression reportedly associated with an industrial injury of July 2, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; psychotropic medications; earlier lumbar fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 15, 2014, the claims administrator approved a request for Lyrica and Lexapro, denied laboratory testing, denied Butrans, and denied Norco. The claims administrator, it is incidentally noted, suggested that the applicant had initially alleged pain secondary to cumulative trauma at work. The claims administrator also cited the now-re-labeled misnumbered MTUS 9792.20e in its report. The applicant's attorney subsequently appealed. In a March 4, 2014 progress note, the applicant was described as reporting highly variable pain at 6-7/10 with medications versus 9-10/10 without medications. The applicant was using Butrans, Norco, Lyrica, Lexapro, Nifedipine, and Hydrochlorothiazide, it was acknowledged. Laboratory testing was endorsed in June 2014. The applicant was asked to continue random drug testing. The attending provider stated that the applicant's medications were improving his ability to perform activities of daily living, including walking. On June 4, 2014, the attending provider noted that the applicant had experienced an aggravation of symptoms and that the applicant was now experiencing severe burning pain about the lower extremities, exacerbated by walking, standing, sitting, bending, and twisting. The applicant again reported 6-7/10 pain with medications versus 9-10/10 pain without medications. The attending provider stated that the applicant has continued to "remain disabled." Norco, Lyrica, Lexapro, and Butrans were endorsed. The applicant was asked to try Tizanidine. Laboratory testing was also sought at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg #8: Upheld

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

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

Decision rationale: While page 27 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Butrans) is recommended in the treatment of opioid addiction and for chronic pain purposes in applicants who are previously detoxified off of opioids, in this case, however, it does not appear that buprenorphine (Butrans) is being employed for opioid addiction purpose. Rather, it appears that the applicant is using Butrans patches for chronic pain purposes, along with Norco. This is not an appropriate role for usage of buprenorphine, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Butrans patch 10mcg #8 is not medically necessary and appropriate.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's pain complaints were reportedly heightened on the June 4, 2014 progress note, referenced above. The applicant is still having difficulty performing activities of daily living as basic as sitting, standing, walking, bending, and twisting, it was acknowledged. The applicant's reduction in pain scores from 9-10/10 without medications to 6-7/10 with medications appears to be of relatively marginal benefit and is outweighed by the applicant's failure to return to work and the applicant's failure to demonstrate any meaningful improvement in terms of activities of daily living. Therefore, the request Norco 10/325mg #90 is not medically necessary and appropriate.

Comprehensive Metabolic Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects topic. Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic laboratory monitoring to include a CBC, renal function testing, and hepatic function testing is recommended in applicants using NSAIDs. Here, while the applicant is not using NSAIDs, the applicant is using a variety of medications which are processed in the liver and kidneys, including Lyrica, Norco, and Lexapro. The applicant is hypertensive. Assessment of the applicant's renal and hepatic function via the requested comprehensive metabolic panel to ensure that the applicant's presents levels of renal and hepatic function are consistent with prescribed medication, is by analogy, indicated. Therefore, the request for Comprehensive Metabolic Panel is medically necessary and appropriate.