

Case Number:	CM14-0169664		
Date Assigned:	10/17/2014	Date of Injury:	05/29/2009
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/14/2014

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, neck pain, and shoulder pain reportedly associated with an industrial injury of May 29, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; earlier lumbar fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 17, 2014, the claim administrator approved a request for Topamax, while partially approving a request for Norco and Butrans. The claim administrator based its decision, in large part, on ODG's drug formulary, despite the fact that California has not adopted the same. The applicant's attorney subsequently appealed. In an August 7, 2014, progress note, the applicant was asked to pursue two lumbar epidural steroid injections. Ongoing complaints of neck and low back pain were stated. The applicant was asked to continue Norco and Butrans. It was stated that the applicant would require these medications for at least 12 months. The applicant was also asked to continue Topamax for migraine management. The applicant's work status was not furnished. The applicant continued to report low back pain complaints as high as 8/10 radiating to bilateral lower extremities, it was incidentally noted. The attending provider stated that the applicant was having difficulty performing activities of daily living as basic as standing and walking and needed an elevator to negotiate stairs in his home. In a February 27, 2012, progress note, the applicant reported ongoing complaints of neck pain, headaches and depression. The applicant was reportedly using Norco, Wellbutrin, Topamax, and Tenormin. The applicant was using a cane to move about. The applicant was asked to continue Norco, continue Tenormin, start Ambien and start Cymbalta. Botox injections were also endorsed. The applicant's work status was not furnished. The applicant's work status was not clearly reported in a June 10, 2009 medical-legal evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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 seemingly off of work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. The fact that the applicant continued to report pain complaints of 5 to 8/10 as recently as August 7, 2014 and is having difficulty performing activities of daily living as basic as standing, walking and negotiating stairs, taken together, does not make a compelling case for the continuation of Norco. Therefore, the request is not medically necessary.

Butrans Patch 15mcg (10mcg and 5 mcg 4 of each per month for 12 months.): Upheld

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

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

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Butrans (buprenorphine) is recommended in the treatment of opioid addiction and is recommended as an option for chronic pain purposes in applicants who have previously detoxified off of opioids, in this case, however, the applicant is not in fact detoxified off of opioids. The applicant continues to use Norco, a short-acting opioid agent. No rationale for selection and/or ongoing usage of buprenorphine (Butrans) was furnished by the attending provider. Therefore, the request is not medically necessary.