

Case Number:	CM14-0175264		
Date Assigned:	10/28/2014	Date of Injury:	06/01/1991
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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 and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 06/01/1991 due to an unknown mechanism. A physical examination dated 09/17/2014 revealed that there had been no significant improvement since the last exam. The injured worker continues to have neck pain, lower back pain, as well as bilateral shoulder pain. The injured worker also suffers from fibromyalgia which enhances the pain. An examination of the bilateral shoulders revealed positive impingement sign bilaterally. The patient still had decreased range of motion of the shoulder. Examination of the right elbow revealed a well healed scar of the medial aspect of the right elbow. Tinel's sign was positive. Range of motion was decreased. The patient was not able to fully extend the right elbow. Examination of bilateral wrist revealed a well healed scar over the left wrist. Joint lines were tender to palpation. Tinel's sign and Phalen's test were positive bilaterally. Examination of the knees revealed that the joint lines were tender to palpation. McMurray's test was positive bilaterally. Diagnoses were myalgia and myositis (not otherwise specified), shoulder impingement, and carpal tunnel syndrome. Treatment plan was for patient to continue taking medications. Medications were Butrans 10 mcg/hour patch (1 patch weekly) and hydrocodone/acetaminophen 10/325 mg (take 2 twice a day). The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Butrans Patch 10mcg/her: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Criteria for Use Ongoing Management Page(s): 78,.

Decision rationale: The request for 1 Prescription of Butrans Patch 10mcg/her is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and the limitations of opioid treatment. They also recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The long term use of these medications should be based on measurements of pain relief and documented functional improvement without side effects or signs of aberrant use. For ongoing management of an opioid medication, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The 4 A's for ongoing management of an opioid medication were not reported. There were no reports of aberrant use or side effects of the medication. There is a lack of documentation of objective functional improvement for the injured worker. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

1 Prescription of Hydrocodone (Norco) 10/325mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Criteria for Use Ongoing Management Page(s): 78.

Decision rationale: The request for 1 Prescription of Hydrocodone (Norco) 10/325mg #120 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and the limitations of opioid treatment. They also recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The long term use of these medications should be based on measurements of pain relief and documented functional improvement without side effects or signs of aberrant use. For ongoing management of an opioid medication,

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