

Case Number:	CM14-0179512		
Date Assigned:	11/04/2014	Date of Injury:	07/19/2009
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 Preventive 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:

According to the records made available for review, this is a 45-year-old male with a 7/19/09 date of injury. At the time (10/3/14) of request for authorization for Norco 10/325 MG #90, Zoloft 50 MG #60, and Butrans 20 MCG HR Patch #4, there is documentation of subjective (radiating low back pain to the lower extremities) and objective (decreased patellar and Achilles deep tendon reflexes, decreased sensation over the anterior thigh bilaterally, and positive Babinski's sign bilaterally) findings, current diagnoses (chronic pain syndrome, lumbago, thoracic/lumbosacral neuritis/radiculitis, and moderate depression), and treatment to date (injections and medications (including ongoing treatment with Norco, Zoloft, and Butrans since at least 4/18/14)). Medical records identify a signed Narcotic contract as well as pain control and increase in activities of daily living as a result of opioids use. Regarding Zoloft 50 MG #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zoloft use to date. Regarding Butrans 20 MCG HR Patch #4, there is no documentation of opiate addition or chronic pain (after detoxification in patients who have a history of opiate addiction) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Butrans Patches use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California Medical Treatment Utilization Schedule (MTUS)-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbago, thoracic/lumbosacral neuritis/radiculitis, and moderate depression. In addition, given documentation of a signed Narcotic contract, there is documentation that that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Norco and documentation of pain control and increase in activities of daily living as a result of opioid (Norco) use, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 MG #90 is medically necessary.

Zoloft 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. California Medical Treatment Utilization Schedule (MTUS)-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of chronic

pain syndrome, lumbago, thoracic/lumbosacral neuritis/radiculitis, and moderate depression. However, given documentation of ongoing treatment with Zoloft, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zoloft use to date. Therefore, based on guidelines and a review of the evidence, the request for Zoloft 50 MG #60 is not medically necessary.

Butrans 20 MCG HR Patch #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. California Medical Treatment Utilization Schedule (MTUS)-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbago, thoracic/lumbosacral neuritis/radiculitis, and moderate depression. However, given documentation of ongoing treatment with Norco, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). In addition, given documentation of ongoing treatment with Butrans Patches, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Butrans Patches use to date. Therefore, based on guidelines and a review of the evidence, the request for Butrans 20 MCG HR Patch #4 is not medically necessary.