

Case Number:	CM14-0051519		
Date Assigned:	07/07/2014	Date of Injury:	10/28/2002
Decision Date:	12/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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 patient is a 55 year old male who was injured on 20/28/2002. The diagnoses are lumbar radiculopathy, shoulder, knee, sacroiliac joint pain and carpal tunnel syndrome. The past surgery history is significant for right shoulder and right knee surgery. The MRI of the cervical spine showed degenerative disc disease with minor disc bulges. The MRI of the lumbar spine showed multilevel disc bulges and facet hypertrophy. [REDACTED] noted objective findings of tenderness of the lumbar spine. There was positive straight leg raising sign and FABER sign. The pain score was noted as 7/10 on a 0 to 10 scale. There was no side effect to the medications reported. The patient reported increase in physical function with the utilization of the medications. The medications are Lyrica, Norco and ibuprofen for pain. The patient is also on Pristiq. A Utilization Review determination was rendered on 3/20/2104 recommending non certification for Butrans 20mcg/hr. #4 3 refills and ibuprofen 800mg #90 3refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20 mcg/hour Patch #4, plus 3 refills: 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 9792.24.2 Page(s): 26-27, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse drug interaction. The guidelines recommend that Butrans be utilized as a second line medication for patients with a history of opioid non compliance or past detoxification because it is a partial agonist with a ceiling opioid effect. The records did not indicate that the patient have failed first line opioid medications. The criteria for the use of Butrans 20mcg.hour #4 3 refills was not met. Therefore the request is not medically necessary.

Ibuprofen 800mg 1 PO #90 plus 3 refills: Overturned

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 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the risk of cardiac, renal and gastrointestinal complications. The records indicate that the patient is utilizing ibuprofen as needed for exacerbation of musculoskeletal pain. There is no documentation of NSAID related complication. The patient reported pain relief and functional restoration with utilization of the medications. The criteria for the use of ibuprofen 800mg tid #90 3 refills was met. Therefore the request is medically necessary.