

Case Number:	CM14-0052339		
Date Assigned:	07/07/2014	Date of Injury:	04/10/2005
Decision Date:	08/13/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Interventional Spine 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 patient is a 48 years old male with an injury date on 04/10/2005. Based on the 02/10/2014 handwritten progress report provided by [REDACTED], the diagnoses are Fail back syndrome; and CRPS (Complex Regional Pain Syndrome. According to this report, the patient came in for medications refill with complains of low back pain, bilateral legs, arm, and shoulder pain. The patient states that the pain keep him up at night and can only gets 4-6 hours of sleep. The patient further states that the pain keeps him from doing daily activities and feels like the pain is getting worse. Today, the pain level is at a 9/10, range of motion is limited, and can only bend to the thighs. There were no other significant findings noted on this report. The utilization review denied the request on 03/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/18/2013 to 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg. #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)Gastrointestinal symptoms and cardiovascular risks.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 68-69.

Decision rationale: The MTUS Guidelines state Proton Pump Inhibitor is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports do not show that the patient has gastrointestinal side effects with medication use. On the 03/06/2014 Q.M.E report states no gastrointestinal problem. There is no discussion regarding GI assessment as required by MTUS. The MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Therefore, the request for Nexium 40mg. #30 is not medically necessary and appropriate.

Butrans 20mcg. #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Buprenorphine.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 88, 89

Decision rationale: Butrans is best applied in patients with a history of opioid addiction; this patient is not noted to have an opioid addiction. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. On the 02/10/2014 report, the patient indicates the pain keeps him from doing daily activities and feels like the pain is getting worse. In this case, while the treater provides general statements regarding the patient's ADL's, no specifics are provide; no pain scales are used to describe analgesia; no opiate monitoring such as UDS is discussed. No outcome measures such as current pain, average pain, least pain, etc. are documented as required by MTUS. Therefore, the request for Butrans 20mcg. #4 is not medically necessary and appropriate.

Norco 10/325mg. #240: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 88-89.

Decision rationale: For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6

months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. On the 02/10/2014 report, the patient indicates the pain keeps him from doing daily activities and feels like the pain is getting worse. In this case, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request for Norco 10/325mg. #240 is not medically necessary and appropriate.