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| Case Number: | CM14-0054020 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 02/16/2011 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/23/2014 |

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 & Rehab and is licensed to practice in Nevada. 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 67-year-old female who was reportedly injured on February 16, 2011. The mechanism of injury was noted as a trip and fall type event. The most recent progress note dated April 20, 2014, indicated that there were ongoing complaints of right lower extremity (knee) pain, low back pain and left ankle pain. The physical examination demonstrated a 5'8, 175 pound individual in no acute distress. The lumbar region noted a decrease in range of motion, and that straight leg raising was reported to be negative. Diagnostic imaging studies objectified the postsurgical changes. Previous treatment included several surgeries, multiple medications and physical therapy. A request was made for multiple medications and was not certified in the pre-authorization process on March 28, 2014. A partial certification of the Butrans patch and Cymbalta was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 5mcg #4, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 26-27.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is recommended for the treatment of opioid addiction. It can be an option for chronic pain in those patients who have a history of opioid addiction. There is no data presented to suggest that this parameter exists. It is not clear if the injured worker has undergone a detoxification program. As such, without documentation for the criteria for use the medication, medical necessity has not been established.

Mobic 15mg tabs #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 72.

Decision rationale: This is a non-steroidal, anti-inflammatory preparation used to treat osteoarthritis. However, when noting the injury sustained, the numerous surgeries and the current complaints, there is no clear medical necessity for use of this medication given the past implementation that did not result in any appreciable improvement.

Cymbalta 60mg #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 122.

Decision rationale: When noting the date of injury, the injury sustained, the lack of a specific neuropathic lesion identified on appropriate imaging studies, and that the indication for this medication has an off label use for neuropathic lesions, there is no clinical evidence presented support the use of this medication. Therefore, this is not noted to be medically necessary.

Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 78.

Decision rationale: The premise for such testing is based on noted issues relative to abuse, addiction, poor pain control. The progress notes did not indicate that there is any evidence of

drug diversion, inappropriate utilization, as such the criteria for ongoing use of routine drug screening is not noted to be medically necessary.