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| Case Number: | CM14-0058135 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 10/25/2007 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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 Physical Medicine & Rehabilitation 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 records presented for review indicate that this 59-year-old female was reportedly injured on October 25, 2007. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated April 2, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and left lower extremity pain. The injured employees pain is stated to be improved with recent cervical trigger point injections, SI joint injections, and greater trochanteric bursa injections. The physical examination demonstrated decreased lumbar spine range of motion with a negative straight leg raise. There was no guarding or spasms noted. There was a normal neurological examination. Diagnostic imaging studies of the right shoulder revealed mild supraspinatus tendinitis. An MRI the cervical spine revealed degenerative changes from C2 through C7 without any neurological compromise. An MRI of the lumbar spine revealed a disc bulge at L4 - L5. Previous treatment includes a detox program, left ankle surgery, acupuncture, cervical spine trigger point injections, lumbar epidural steroid injections, left SI joint injections, left trochanteric bursa injections, cognitive behavioral therapy, and oral medications. A request had been made for Buprenorphine, hydrocodone, Nexium, and Lidoderm patches. And was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.25mg sublingual Troches 90 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27 of 127..

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines buprenorphine is recommended as an option for chronic pain especially after detoxification in patients have a history of opioid addiction. The injured employee stated to have a previous history of opioid addiction and has been through a detoxification program. As such, this request for buprenorphine is medically necessary.

Hydrocodone 10-325mg 10 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127..

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury, however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Nexium 20mg 30 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: Nexium (Esomeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The California MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptom. According to the most recent progress note dated April 2, 2014, the injured employee is not stated to be currently taking any anti-inflammatory medications. Therefore, this request for Nexium is not medically necessary.

Lidoderm 5% patch 30 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112 of 127.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain. As such, this request for lidocaine 5% patches is not medically necessary.