

Case Number:	CM14-0066265		
Date Assigned:	07/11/2014	Date of Injury:	08/06/2012
Decision Date:	08/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 40 year old female who was injured on 08/06/2012 when she got squeezed between stacks of pallets. She has a diagnosis of lumbar radiculitis, right hip labral tear, bilateral foot plantar fasciitis and Achilles tendinitis and painful gait. She has been treated conservatively with transforaminal lumbar epidural injections (01/24/2014); TENS, chiropractic therapy, physical therapy, group therapy and the patient underwent a laminectomy, date unknown. Progress report dated 03/20/2014 indicates the patient reports decreased pain in the lumbar spine with improvement in flexion/extension with lumbar epidural steroid injection. She has no change in her right hip and continues with pain. She reported Butrans patch was very helpful to her pain and feels her pain is increased as she does not have her Butrans patches because it was denied. On progress report dated 04/19/2014, the patient is noted to have complaints of lumbosacral pain and has increased in severity to 9/10. She has pain over her right SI joint. She has right hip pain and bilateral foot pain, left greater than right. She states the pain is constant but increases with weightbearing. It is also noted that she has GI upset and urinary incontinence. Prior utilization review dated 05/04/2014 states the requests for 90 tablets of Percocet 5/325mg and 4 Butrans 10mcg patches are denied because no weaning is attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Percocet 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Percocet.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for chronic neck pain or neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. The medical record does not document functional improvement with Percocet and the emphasis should be placed on using adjuvant analgesic to help weaning of opioid; therefore, the medical necessity of Percocet has not been established. Weaning is advised to avoid withdrawal symptoms.

4 Butrans 10mcg patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Buprenorphine Page(s): 75-94; 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Butrans.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for chronic neck pain or neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. The medical record does not document functional improvement such as return to work or decrease in other opioids have occurred with Butrans, and the emphasis should be placed on using adjuvant analgesic to help weaning of opioid; therefore, the medical necessity of Butrans has not been established. Weaning is advised to avoid withdrawal symptoms.

