

Case Number:	CM14-0067043		
Date Assigned:	07/11/2014	Date of Injury:	12/18/2001
Decision Date:	08/13/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 Management 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:

According to the records made available for review, this is a 51-year-old female with a 12/10/87 date of injury. At the time (4/24/14) of the decision for psychological evaluation Qty: 1.00, Butrans Patch 5 mcg Qty: 1.00, and Oxycodone 5 mg Qty: 1.00, there is documentation of subjective (low back pain) and objective (lumbar range of motion was limited by pain, paravertebral muscle tenderness and spasm to palpation, left greater than right, tenderness was noted over the sacroiliac spine and at the left lumbar paravertebral muscles, FABER test was positive, left foot range of motion was restricted and unable to flex or extend, light touch sensation was decreased over the medial calf and anterior thigh bilaterally) findings, current diagnoses (spinal lumbar disc degenerative disease, low back pain, sacroiliac pain, and post lumbar laminectomy syndrome), and treatment to date (medication including ongoing treatment with Oxycodone for over a year). Regarding Butrans Patch 5 mcg Qty: 1.00, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Regarding Oxycodone 5 mg Qty: 1.00, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation Qty: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. The ODG identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of spinal lumbar disc degenerative disease, low back pain, sacroiliac pain, and post lumbar laminectomy syndrome. In addition, there is documentation of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for psychological evaluation Qty: 1.00 is medically necessary.

Butrans Patch 5mcg Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of spinal lumbar disc degenerative disease, low back pain, sacroiliac pain, and post lumbar laminectomy syndrome. However, despite documentation of chronic pain, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Therefore, based on guidelines and a review of the evidence, the request for butrans patch 5 mcg Qty: 1.00 is not medically necessary.

Oxycodone 5mg Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, bilateral shoulder sprain, headaches, and lumbar sprain. In addition, there is documentation of treatment with Oxycodone for over a year. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Oxycodone for over a year, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Oxycodone. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 5 mg Qty: 1.00 is not medically necessary.