MAXIMUS Federal Services

Case Number:	CM14-0076763		
Date Assigned:	07/18/2014	Date of Injury:	06/21/2013
Decision Date:	08/29/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 Tennessee. 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 58-year-old male who has submitted a claim for cervical and lumbar sprain/strain, brachial neuritis, lumbago, spinal stenosis, osteoarthritis of spinal facet joint, and insomnia associated with an industrial injury date of 06/21/2013.Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain that radiated to the bilateral arms and was described as throbbing. The patient also reported back pain. The aggravating factors included sitting, twisting, and walking. The alleviating factors include rest and heat application which helped the patient sleep better and caused him to no longer have mental clouding. The injured worker was alert and oriented. A physical examination of the cervical and lumbar spine showed tenderness, tightness and restricted motion. His straight leg raise was negative, reflexes were +1 and symmetric, and his gait was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20 mcg / hr #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.

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

Decision rationale: Pages 26 to 27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction. In this case, the patient was prescribed Butrans since January 2014. Patient reported symptom relief from his current treatment regimen. However, objective measures of functional gains were not reported. Moreover, the medical records submitted for review failed to provide evidence concerning opiate addiction. There was no clear indication for continued prescription of Butrans. Therefore, the request for Butrans Patch 20 mcg / hr #4 is not medically necessary.

Intermezzo 3.5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Ambien (zolpidem tartrate).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. They may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient was noted to be taking Intermezzo since December 2013. Patient reported to be sleeping better and mental status was no longer clouded. However, the guidelines recommend short-term use only. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Intermezzo 3.5 mg #30 is not medically necessary.