

Case Number:	CM14-0086150		
Date Assigned:	07/23/2014	Date of Injury:	01/10/2004
Decision Date:	09/18/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/09/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 41-year-old female with a date of injury of 01/10/2004. The listed diagnoses per Dr. [REDACTED] dated 04/14/2014 are: 1. Shoulder pain. 2. Disk disorder, cervical. 3. Cervical radiculopathy. 4. Cervical pain. 5. Chronic pain syndrome. According to this report, the patient complains of bilateral shoulder, neck, and upper back pain. She describes her pain as aching and throbbing. She reports increased pain in her left shoulder. She rates her pain 7/10. The patient is taking her medications as prescribed. No medication abuse is suspected. The patient reports functional benefit with Subutex but finds it to be not sufficient enough to manage her pain. She denies any side effects. The objective findings on the progress report dated 03/03/2014 shows the patient ambulates without a device. On examination of the paravertebral muscles, there is tenderness noted on the left side. Strength is 5/5 in all the major muscle groups. Sensation is intact to light touch and pinprick. Reflexes are equal and symmetric bilaterally in the upper and lower extremities. The utilization review denied the request on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subutex 2mg x3mons 1159f: 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: Subutex appears to be prescribed along with with Norco, which is not indicated. The records show that the patient was prescribed Subutex on 04/16/2013 along with Norco. The treating physician notes medication efficacy stating, "Patient report functional benefit with Subutex but finds it to be not sufficient enough to manage her pain with." The patient denies any side effects and no medication abuse is suspected. It was also noted that the patient is stable in her current medication regimen and functions and activities of daily living improved optimally on current doses of medications. However, Subutex is only indicated for opiate addiction and such documentation is not provided. Therefore, the request is not medically necessary.

Norco 10/325mg 1 Q6 PRN 4/day, 120/30days x 6mos 1159F: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-89.

Decision rationale: This patient presents with bilateral shoulder, neck, and upper back pain. The treating physician is requesting Norco 10/325mg. The MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Guidelines page 78 also requires documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 04/16/2013. The treating physician notes medication efficacy stating, "The patient is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with the patient." However, the treating physician did not provide before and after analgesia, no discussions regarding "pain assessments," as required by MTUS. Given only partially met criteria, the request is not medically necessary.

Valium 10mg BID PRN, 20/30days x 6 mos 1159F: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-89.

Decision rationale: This patient presents with bilateral shoulder, neck, and upper back pain. The treating physician is requesting Valium 10mg. The MTUS Guidelines page 88 and 89

states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Guidelines page 78 also requires documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Valium on 04/16/2013. The treating physician notes medication efficacy stating, "The patient is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with the patient." However, the treating physician did not provide before and after analgesia, no discussions regarding "pain assessments," as required by MTUS. Given only partially met criteria, the request is not medically necessary.

Subutex 8mg 1 PO BID PRN QTY 28/30 X3mos: 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 (MTUS Page(s): 26-27.

Decision rationale: This patient presents with bilateral shoulder, neck, and upper back pain. The treating physician is requesting Subutex 8mg. Regarding buprenorphine, MTUS page 26, 27 recommends it opiate addition, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, Subutex appears to be prescribed along with with Norco, which is not indicated. The records show that the patient was prescribed Subutex on 04/16/2013 along with Norco. The treating physician notes medication efficacy stating, "Patient report functional benefit with Subutex but finds it to be not sufficient enough to manage her pain with." The patient denies any side effects and no medication abuse is suspected. It was also noted that the patient is stable in her current medication regimen and functions and activities of daily living improved optimally on current doses of medications. However, Subutex is only indicated for opiate addiction and such documentation is not provided. The request is not medically necessary.