

Case Number:	CM14-0188606		
Date Assigned:	11/19/2014	Date of Injury:	06/27/2013
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Medicine & 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 underlying date of injury in this case is 06/27/2013. The date of a physician review currently under appeal is 11/06/2014. On 10/24/2014, the patient was seen in primary treating physician follow-up by the patient's treating physiatrist. The patient was noted to have persistent low back pain and right knee pain. The patient's diagnoses were noted to include bilateral sacroiliitis, lumbar facet pain, low back pain, and left shoulder pain. Overall the patient was felt to have a chronic pain syndrome with depression as well as chronic low back pain due to lumbar degenerative disc disease. The patient was prescribed Percocet and gabapentin and recommended for an MRI of lumbar spine. This treatment note indicates that the patient's treatment included medications and home exercises and notes particularly the patient was started on a Butrans Patch due to persistent pain. That note indicates the patient could not take anti-inflammatory medications except Celebrex since she has an allergic reaction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 microgram per 10/29/14 form quantity 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids for chronic pain, page 80, state that opioids are effective for short-term pain relief but that the efficacy of this treatment is unclear for chronic pain, and particularly for chronic back pain. The medical records in this case do not meet the four A's of opioid management to support a specific rationale or functional benefit or functional goals for ongoing opioid use. This request is not supported by the treatment guidelines. This request is not medically necessary.

Tylenol #4, per 10/29/14 form quantity 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids for chronic pain, page 80, state that opioids are effective for short-term pain relief but that the efficacy of this treatment is unclear for chronic pain, and particularly for chronic back pain. The medical records in this case do not meet the four A's of opioid management to support a specific rationale or functional benefit or functional goals for ongoing opioid use. This request is not supported by the treatment guidelines. This request is not medically necessary.