

Case Number:	CM14-0024131		
Date Assigned:	02/28/2014	Date of Injury:	01/03/2000
Decision Date:	02/06/2015	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/15/2014

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 Family Practice and is licensed to practice in New Jersey. 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 injured worker is a 53 year-old female who was injured on 1/3/2000. She had a history of multiple injuries from 1/2000 to 5/2010, where she fell on the floor trying to catch a full box of paper, fell out of chair twice, fell backwards on concrete, and was involved in a motor vehicle accident when she was T-boned. She complains of neck pain, low back pain radiating to both legs, left hip numbness, and right shoulder pain. On exam, she had tender sacroiliac and lumbar spine with decreased range of motion. She was diagnosed with pain of shoulder joint, sacroiliitis, degenerative lumbar/lumbosacral intervertebral disc disease, lumbago, disorders of the sacrum. Her medications included Flexeril, Gabapentin, Norco, and Butrans. As per the summary, she was able to decrease Norco use while on Butrans patch, but then the patch became ineffective. She was previously on MS Contin but did not wish to continue with it without documented reasons. She admits to using marijuana and has a cannabis card. She denies a chemical dependency history. She is followed by pain management since 7/2013. She also had physical therapy, lumbar epidural steroid injection, trigger point injections, sacroiliac injection, and rhizotomy. Since the rhizotomy, she has had numbness from her waist down to her thigh. The current request is for continued use of Norco and Butrans which was denied by utilization review on 1/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for long term, with improvement in pain. However, there was no objective documentation of increase in functional capacity. There is no documentation of the three of the four A's of ongoing monitoring: side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. The patient was on Butrans and was initially able to titrate down on daily Norco use. However, Butrans became ineffective and she resumed increased Norco use. There were no documented goals of care. It is unclear if the patient had improvement with other conservative measures such as her previous physical therapy and if she was instructed to continue a home exercise program. There was no documentation of acupuncture or chiropractic sessions. Because of these reasons, the request for Norco is considered medically unnecessary.

Butrans 20mcg. HR patch: Upheld

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

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

Decision rationale: The request for Butrans is medically unnecessary. According to the MTUS guidelines, buprenorphine is FDA approved to treat opiate addiction. It can be used as an option for chronic pain after detoxification in patients who have a history of opiate addiction. There was no history of detox from opiate use. The continued use of opiates requires ongoing review and documentation of pain relief, functional status, and appropriate medication use.. Opiates can contribute to sedation significantly. Butrans is used for moderate-severe chronic pain, not for breakthrough pain. The patient is also on Norco for breakthrough pain. The Butrans patch allowed to initially reducing her daily Norco use but then the patch became ineffective. There is no drug plan with documentation of future goals. There are no urine drugs screens in the chart. The 4 A's of opioid management have not been met. Because of these reasons, the medication is medically unnecessary.