

Case Number:	CM15-0102644		
Date Assigned:	06/05/2015	Date of Injury:	01/06/1997
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on 1/6/97. She reported a low back injury while moving a patient. The injured worker was diagnosed as having lumbar post laminectomy syndrome, lumbar disc displacement without myelopathy, sciatica and lumbago. Treatment to date has included lumbar discectomy L5-S1 (2001), physical therapy, oral medications including Naproxen, Hydrocodone, Cyclobenzaprine, Methadone and Ibuprofen and topical Fentanyl patch. Currently, the injured worker complains of continued low back pain with radiation to lower extremities. She feels Fentanyl patch is the only medication that did not make her feel drugged and sleepy. She has been unable to have her medications authorized and is stretching out leftover medications. Physical exam noted tenderness to palpation over the right trapezius, minimal tenderness over the neck, some tenderness to palpation of the superior medial border of the scapula, some tenderness over the sternoclavicular junction with crepitus noted on movements of right arm and lower back exam noted well healed lumbar surgical scar, with tenderness to palpation on the lower lumbar paraspinal muscles worse on right at L3-S1. A request for authorization was submitted for Fentanyl 20mcg, Cyclobenzaprine 5mg, Naproxen 550 mg and Buprenorphine 0.1mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Buprenorphine 0.1mg sublingual, quantity. 120, for the service date 4/10/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Although there has been mention of pain reduction and improved function in the visit notes, there has not been adequately measured pain reduction or improved function as described above to justify the continued use of opioid medication.