

Case Number:	CM15-0132855		
Date Assigned:	07/21/2015	Date of Injury:	02/15/2006
Decision Date:	09/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/09/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 57 year old, male who sustained a work related injury on 2/15/06. The diagnoses have included chronic right hip pain, status post right hip replacement with persistent hip pain, severe neuropathic pain, major depressive disorder and chronic pain disorder. Treatments have included psychiatric treatments, right hip surgery, hip injections, TENS unit therapy, pain patches and oral medications. In the PR-2 dated 5/22/15, the injured worker complains of not getting his medication because Norco is no longer authorized. Since he has not been taking this medication, he has trouble getting out of bed due to increased pain. He feels he is getting more depressed. He states he has been having some withdrawal symptoms. His functioning has decreased. His lumbar range of motion is limited to flexion, extension and side bending. He has tenderness to palpation of his lumbar paraspinal muscles including his right greater trochanter area. He is not working. The treatment plan includes prescriptions for medications and a recommendation that he undergo a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg/hr, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for neuropathic pain; Opioids for osteoarthritis-Long-term use; Weaning of Medications Page(s): 80, 81, 82, 83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 27-28, Buprenorphine Page(s): 26-27.

Decision rationale: The requested Butrans 20mcg/hr, #4, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has not been taking this medication; he has trouble getting out of bed due to increased pain. He feels he is getting more depressed. He states he has been having some withdrawal symptoms. His functioning has decreased. His lumbar range of motion is limited to flexion, extension and side bending. He has tenderness to palpation of his lumbar paraspinal muscles including his right greater trochanter area. He is not working. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans 20mcg/hr, #4 is not medically necessary.

Norco 7.5/325mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for neuropathic pain; Opioids for osteoarthritis - Long-term use; Weaning of Medications Page(s): 80, 81, 82, 83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 7.5/325mg, #150, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has not been taking this medication; he has trouble getting out of bed due to increased pain. He feels he is getting more depressed. He states he has been having some withdrawal symptoms. His functioning has decreased. His lumbar range of motion is limited to flexion, extension and side bending. He has tenderness to palpation of his lumbar paraspinal muscles including his right greater trochanter area. He is not working. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 7.5/325mg, #150 is not medically necessary.

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Criteria for the general use of multidisciplinary pain management programs; Page(s): 49, 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages 31-32, Functional restoration programs (FRPs) Page(s): 31-32, 49.

Decision rationale: The requested Functional restoration program evaluation is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved". The injured worker has not been taking this medication, he has trouble getting out of bed due to increased pain. He feels he is getting more depressed. He states he has been having some withdrawal symptoms. His functioning has decreased. His lumbar range of motion is limited to flexion, extension and side bending. He has tenderness to palpation of his lumbar paraspinal muscles including his right greater trochanter area. He is not working. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery". Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional loss, positive motivation, and addressed negative predictors of success). The criteria noted above not having been met, Functional restoration program evaluation is not medically necessary.