

Case Number:	CM15-0162135		
Date Assigned:	08/28/2015	Date of Injury:	01/20/2010
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old male who sustained an industrial injury on 01-20-2010. Mechanism of injury occurred when he was shot multiple times in a robbery. Current diagnoses include gunshot wound abdomen, leg fracture left, bilateral lower extremity weakness, and neuropathy. Previous treatments included medications, surgical interventions, diagnostics, trigger point injections, massage therapy, and physical therapy. Report dated 07-20-2015 noted that the injured worker presented for follow up of multiple gunshot wounds with examination and chronic pain. The physician noted that the injured worker is currently using Hydromorphone extended release twice a day (down from three times per day), and tried to discontinue Butrans patch, but had increased anxiety and withdrawal. Chief complaint is documented as low back pain, buttock pain, lower extremity pain, and neuropathic pain with burning and numbness and some hypersensitivity. Pain level was 4-7 out of 10 on a visual analog scale (VAS). Current medications include pantoprazole, Zofran, Prazosin HCL, Ducosate sodium, Senna, Oxycodone-acetaminophen, Hydromorphone ER, and Butrans patch. Physical examination was positive for discomfort over the low back, both buttocks, and guarded gait. The physician noted that the injured worker was asking about an inpatient program for close supervision because he tends to get very anxious. The treatment plan included giving samples of Brintellix, request for a sleep number bed due to difficulty sleeping, renew prescriptions for Senna, Ducosate sodium, Butrans patches, Hydromorphone ER, and Percocet, request for pain management consultation, request for gastroenterology follow up, request for Lorazepam for anxiety, request for Brintellix trial,

urine drug screening was performed, and follow up in 2-3 weeks. Disputed treatments include Hydromorphone, Norco, Lorazepam, Butran patch ER, and sleep number bed king size.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone ER 12mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80 and 81.

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

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. 'Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication.' The CA MTUS Guidelines define functional improvement as 'a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment.' Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medications. Therefore the request for Hydromorphone ER 12mg #90 is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80- and 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1 and 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. 'Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication.' The CA MTUS Guidelines define functional improvement as 'a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and

documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment.' Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medications. Therefore the request for Norco 10/325mg #90 is not medically necessary.

Lorazepam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of benzodiazepines. They are not recommended for long term use as the efficacy is not proven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There was no documentation to support a diagnosis of anxiety. Physician impression included depression and anxiety secondary to medical conditions, but there was no anxiety noted during the physical examination performed on 07-20-2015. The prescribing physician documented that the injured worker had increasing anxiety and withdrawal symptoms when he stopped using the Butrans patch, but this resolved following placement of a new patch two days prior to presentation for the appointment on 07-20-2015. There is no clear rationale for any other use of this medication in the injured worker. Therefore, the request for Lorazepam 1mg #60 is not medically necessary.

Butrans patch 5mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Buprenorphine Page(s): 1, 26, and 27.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines have specific guidelines for the use of buprenorphine (Butrans patch). Buprenorphine is recommended for the treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In recent years, buprenorphine has been formulated into a transdermal (patch) for the treatment of chronic pain. Use of the patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. The CA MTUS Guidelines define functional improvement as 'a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment.' Therapies should be focused on functional restoration rather than the elimination of pain. In this case there is no mention of opioid addiction. The injured worker

continues to complain of chronic pain. The physician noted that the injured worker attempted to stop using the Butrans patch, but was not successful due to increasing anxiety and withdrawal symptoms. The prescribing physician did not include any functional improvement with the use of this medication. Therefore the request for Butrans patch 5mcg #4 is not medically necessary.

Sleep number bed king size: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation-Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute and chronic) / Durable Medical Equipment (DME).

Decision rationale: The MTUS / ACOEM did not specifically address the use of sleep number bed, therefore other guidelines were consulted. Per the ODG, 'DME are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). 'The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home.' Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Unfortunately a sleep number bed does not meet the Medicare definition of durable medical equipment, therefore the request for sleep number bed is not medically necessary.