

Case Number:	CM15-0193986		
Date Assigned:	10/07/2015	Date of Injury:	03/08/2012
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female, who sustained an industrial injury on 3-8-2012. Medical records indicate the worker is undergoing treatment for cervical degenerative disc disease and spondylosis, lumbar degenerative disc disease with multilevel disc bulges, bilateral shoulder subacromial impingement syndrome, bilateral wrist triangular fibrocartilage tears and bilateral knee arthritis. A recent progress report dated 8-19-2015, reported the injured worker complained of pain in the head, neck, bilateral shoulder, right upper extremity, bilateral wrists, across the back and bilateral knees, rated 7 out of 10 without medications and 4 out of 10 without medications. She reported her medication was not approved and her pain increased. Physical examination revealed cervical paraspinal tenderness and guarding and increased pain with extension and rotation, lumbar tenderness and guarding of the lumbar paraspinal musculature and decreased lumbar range of motion secondary to pain. Treatment to date has included acupuncture, right shoulder injection, TENS (transcutaneous electrical nerve stimulation) unit, brace, physical therapy, Norco, Gabapentin, Tramadol and Butrans. The physician is requesting Norco 10-325 mg #120 and Butrans 10mcg per hour #4. On 9-2-2015, the Utilization Review noncertified the request for Norco 10-325 mg #120 and Butrans 10mcg per hour #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 tablet mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco 10/325mg # 120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.

Butrans 10mcg/hr patch mcg/hour #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

Decision rationale: Butrans 10 mcg/hr patch mcg/hour #4 is not medically necessary. Per the CA MTUS, "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 (see below for specific recommendations)." There is no documentation of prior opiate addiction for which the use of this medication would be supported. The patient is already taking Norco. The patient failed to receive relief even after 4 Norco per day. The requested medication is not medically necessary or supported at this time. As such, the request is non-certified. Therefore, the request is not medically necessary.