

Case Number:	CM15-0200203		
Date Assigned:	10/15/2015	Date of Injury:	11/12/2002
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, New York, California
 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 applicant is a represented 58-year-old who has filed a claim for chronic low back, knee, and wrist pain reportedly associated with an industrial injury of November 12, 2002. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve requests for Ativan and Butrans. The claims administrator referenced an August 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 28, 2015 office visit, the applicant reported 8/10 low back pain radiating to the right lower extremity. The applicant was using Percocet, Xanax, Ambien, and Prilosec, it was reported. The applicant had multiple pain generators to include the wrist, knee, low back, and ankle, it was reported. The applicant had undergone earlier failed lumbar spine surgery. Ativan and Butrans were endorsed toward the bottom of the note, while the applicant was placed off of work, on total temporary disability. It was not clearly stated whether the requests for Ativan and Butrans represented first-time requests or renewal requests. It was suggested that Butrans was being employed for chronic pain purposes. On July 24, 2015, the applicant was described as using Percocet, Ativan, Ambien, Prilosec, and Norco. It was stated that Norco was not helping. The applicant was not working, it was acknowledged. Updated electrodiagnostic testing of lower extremities, Percocet, Butrans, and a topical compounded agent were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2 mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for Ativan, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the request for Ativan seemingly represented a request for continued usage of the same for chronic, long-term, and/or twice daily use purposes. The applicant was described as using Ativan on a twice daily basis on office visits of August 28, 2015 and July 24, 2015. Such usage, however, was incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. The attending provider also suggested on those dates that the applicant was using multiple different sedating medications to include Ativan, Ambien, and Xanax. The attending provider failed to furnish a clear or compelling rationale for concurrent usage of so many different anxiolytic and/or sedative agents, particularly in light of the fact that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Therefore, the request was not medically necessary.

Butrans patch 20 mcg #4 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: Similarly, the request for Butrans (buprenorphine) was likewise not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Butrans) is recommended in the treatment of opioid addiction and is recommended as an option in the chronic pain context in applicants who have previously detoxified of opioid agents who do have a history of opioid addiction, here, however, there was no mention of the applicant in fact using Butrans for opioid addiction and/or opioid dependence purposes. There was no mention of the applicant having been previously detoxified of other opioids. Rather, the attending provider suggested that the applicant was using buprenorphine for chronic pain purposes on office visits of August 28, 2015 and July 24, 2015. The fact that the applicant was concurrent using another opioid, Percocet, moreover, strongly suggested that the applicant was not, in fact, intent on using Butrans as a means of weaning or tapering off of other opioids. Therefore, the request was not medically necessary.

