

Case Number:	CM15-0022775		
Date Assigned:	02/11/2015	Date of Injury:	02/21/2012
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 40 year old male injured worker suffered and industrial injury on 2/21/2012. The diagnoses were cervical sprain syndrome, lumbar radiculopathy, anxiety, depression, myalgia, carpal tunnel syndrome, peripheral neuropathy, hip bursitis and constipation. The diagnostic studies were magnetic resonance imaging of hips and knees, electromyography, psychiatric evaluation. The treatments were medications, braces and a cane. The treating provider reported increased pain due to cold weather. The injured worker reported that his knees are locking up on him with low back pain radiating to the buttocks to the legs with left greater than right side. He reported burning knee pain and numbness/tingling into the legs. Also reported were difficulty sleeping, constipation, weight loss and depression. On exam there was hypersensitivity and weakness to the lower extremities. There was tenderness to the knees. The Utilization Review Determination on 1/26/2015 non-certified: 1. Butrans patch 10mcg times 4, ODG. 2. Butrans patch 5mcg times 4, ODG. 3. Tramadol 50mg times 60, ODG. 4. Valium 2mg times 90, ODG. 5. Omeprazole 20mg times 60, MTUS. 6. Amitiza 24mcg times 60, MTUS. 7. Urinalysis, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index.

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic knee and low back pain with lower extremity hypersensitivity and weakness. Medications include Butrans and Tramadol. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, there is no reported history of detoxification and therefore Butrans was not medically necessary.

Butrans patch 5mcg times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index.

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic knee and low back pain with lower extremity hypersensitivity and weakness. Medications include Butrans and Tramadol. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, there is no reported history of detoxification and therefore Butrans was not medically necessary.

Tramadol 50mg times 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 (3) Buprenorphine, Page(s): 26.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic knee and low back pain with lower extremity hypersensitivity and weakness. Medications include Butrans and Tramadol. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. However, Butrans is also be prescribed and when prescribing

Butrans, other round the clock opioids should be discontinued. Therefore, the continued prescribing of Tramadol is not medically necessary.

Valium 2mg times 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index.

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic knee and low back pain with lower extremity hypersensitivity and weakness. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition and therefore the continued prescribing of Valium was not medically necessary.

Omeprazole 20mg times 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-71.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic knee and low back pain with lower extremity hypersensitivity and weakness. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of omeprazole was not medically necessary.

Amitiza 24mcg times 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic knee and low back pain with lower extremity hypersensitivity and weakness. Guidelines recommend treatment due to opioid-induced constipation which is a

common adverse effect of long-term opioid use and can be severe. In this case, the claimant has constipation likely due to opioids. However, there is no evidence of a failure of other treatments. Therefore, Amitiza was not medically necessary.

Urinalysis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77-78.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic knee and low back pain with lower extremity hypersensitivity and weakness. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there does not appear to have been recent drug testing and the claimant continues to be treated with opioid medications. Therefore, this request for urine drug screening was medically necessary.