

Case Number:	CM15-0215383		
Date Assigned:	11/05/2015	Date of Injury:	08/01/2007
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/02/2015

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: 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 44-year-old who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of August 1, 2007. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve requests for Butrans, Norco, and Prilosec. The claims administrator referenced an October 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 2, 2015, the applicant reported multifocal complaints of neck, shoulder, elbow, wrist, hand, and finger pain, 8-9/10. 10/10 pain with pain medications was reported in another section of the note, somewhat incongruously, versus 7-8/10 pain complaints with medications. The note was somewhat difficult to follow as it mingled historical issues with current issues to a considerable degree. Multiple medications, including Norco, Wellbutrin, Prilosec, Xanax, Neurontin, baclofen, Elavil, and Butrans patches were seemingly renewed and/or continued. A stellate ganglion block was sought. The applicant's work status was not detailed. Activities of daily living as basic as sitting, standing, and using the arm remained problematic, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg 1 patch every week QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Buprenorphine for chronic pain.

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

Decision rationale: No, the request for Butrans (buprenorphine) was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Butrans (buprenorphine) is recommended in the treatment of opioid addiction and can be employed as an option for chronic pain purposes in applicants who have previously detoxified off of opioids who do have a history of opioid addiction, here, however, the October 2, 2015 office visit made no mention of the applicant's intent to employ Butrans for opioid addiction, opioid dependence, and/or opioid weaning purposes. The fact that the applicant was concurrently using Norco, an opioid agent, strongly suggested that the applicant was not, in fact, intent on employing Butrans for opioid addiction or opioid dependence purposes. Therefore, the request was not medically necessary.

Norco 10/325mg 1 tablet every 4 to 6 hours as needed QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant's work status was not reported on October 2, 2015, suggesting that the applicant was not, in fact working. While the treating provider did outline a reported reduction in pain scores from 10/10 without medications versus 7-8/10 with medications in one section of the note, these reports appear minimal to marginal at best and were, moreover, outweighed by the attending provider's failure to clearly report the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's commentary to the effect that the applicant was still having difficulty performing activities of daily living as basic as sitting and standing, despite ongoing usage of Norco. Therefore, the request was not medically necessary.

Prilosec 20mg 1 tablet every day QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, the October 2, 2015 office visit at issue explicitly stated that the applicant's gastrointestinal review of systems was “within normal limits,” it was reported. There was, thus, no mention of the applicant is having any issues with reflux, heartburn, and/or dyspepsia, NSAID either induced or stand-alone, which would have compelled provision of Prilosec. Therefore, the request was not medically necessary.