

Case Number:	CM15-0221186		
Date Assigned:	11/16/2015	Date of Injury:	07/16/2008
Decision Date:	12/29/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/10/2015

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: 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 injured worker is a 54 year old female who sustained an industrial injury on 7-16-2008. A review of medical records indicates the injured worker is being treated for cervical sprain, right shoulder impingement syndrome, and carpal tunnel syndrome. Medical records dated 9-14-2015 noted pain located on the neck and bilateral upper extremities. Excessive movement makes pain worse and is made better with medications. Without taking medications pain was rated 8-9 out of 10 and with medications pain was rated 3 out of 10. Current pain was rated 7 out of 10. Pain has improved since the last visit. Physical examination noted decreased right hand grip strength. There were severe palpable spasms at bilateral cervical paraspinal muscles with positive twitch response right greater than left. There was decreased cervical range of motion due to pain. There was tenderness to palpation to the bilateral lateral epicondyle. The right shoulder had moderated to severe pain at the right AC joint. Treatment has included Tramadol, Norco. And Butrans patch since at least 4-21-2015. Utilization review form dated 10-21-2015 included Tramadol 600mg, Norco 10-325mg, and Butrans patch 20mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #180: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Although there is stated pain relief and functional improvement in this case, the last urine drug screen available for review from 08/14/15 was inconsistent for the medications prescribed. There were no opioids detected. This request is not supported. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50 mg #180 is determined to not be medically necessary.

Norco 10/325 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Although there is stated pain relief and functional improvement in this case, the last urine drug screen available for review from 08/14/15 was inconsistent for the medications prescribed. There were no opioids detected. This request is not supported. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. This request for Norco 10/325 mg #120 is determined to not be medically necessary.

4 Butrans patches 20 mcg: 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): Buprenorphine.

Decision rationale: Butrans patch contains buprenorphine. Buprenorphine is recommended by the MTUS Guidelines for treatment of opiate addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker has had difficulty with pain control following detoxification, and is experiencing significant pain reduction with the use of Butrans patch. Although there is stated pain relief and functional improvement in this case, the last urine drug screen available for review from 08/14/15 was inconsistent for the medications prescribed. There were no opioids detected. This request is not supported. The request for 4 Butrans patches 20 mcg is determined to not be medically necessary.