

Case Number:	CM15-0053928		
Date Assigned:	03/27/2015	Date of Injury:	10/16/2000
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/21/2015

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 52 year old male, who sustained an industrial injury on 10/16/2000. He reported slipping backwards and hitting his head on the ground and injuring his shoulder. Diagnoses have included cervical radiculitis, status post cervical spinal fusion, lumbar radiculitis, status post fusion of lumbar spine, headaches and chronic pain. Treatment to date has included surgical intervention and medication. According to the pain medicine re-evaluation dated 1/26/2015, the injured worker complained of constant neck pain that radiated down the bilateral upper extremities, low back pain that radiated down the bilateral lower extremities, ongoing headaches and insomnia. Pain was rated 7-8/10 with medications and 10/10 without medications. The injured worker's gait was antalgic and slow; he used a cane to ambulate. Tenderness was noted in the cervical spine. Cervical spine range of motion was severely limited due to pain. Tenderness was noted in the spinal vertebral area L4-S1 levels and in the right knee. Authorization was requested for Suboxone, Ultram ER, Celebrex, Neurontin, Omeprazole, Vesicare, Pramosone and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg/2mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Buprenorphine.

Decision rationale: Guidelines support trials of different opioids when inadequate pain relief is experienced. This individual did not have much pain relief from his prior use of long acting Tramadol and a more potent opioid trial is consistent with Guidelines. Suboxone is often utilized for individuals with opioid misuse, but its use for chronic pain management is supported by Guidelines. A trial is supported by Guidelines and this can be re-reviewed in the future if significant benefits are not realized. Under these circumstances, the Suboxone 8mg/2mg # 60 is medically necessary.

Ultram ER 200m #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the addition of a long acting opioid when a short acting form is inadequate for pain relief. The Guidelines do not support two long acting opioids at the same time. The Ultram ER and Suboxone are both long acting opioids. There are no unusual circumstances to justify an exception to Guidelines. The Ultram ER 200mg. #30 is not medically necessary.