

Case Number:	CM15-0056585		
Date Assigned:	04/01/2015	Date of Injury:	06/03/2001
Decision Date:	05/11/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/25/2015

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: Physical Medicine & Rehabilitation

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 48-year-old female who sustained an industrial injury on June 3, 2001. The injured worker is status post tennis elbow procedure, bilateral carpal tunnel release and bilateral tarsal tunnel release (no dates documented). The injured worker was diagnosed with complex regional pain syndrome, tarsal tunnel syndrome, and degenerative disc disease of the lumbar spine, cervical spondylosis without myelopathy, psychalgia and opioid dependence. A urine drug screening was performed in November 2014. According to the primary treating physician's progress report on February 25, 2015, the injured worker continues to experience increased pain, anxiety and withdrawal symptoms from lowered medication dosage. The injured worker complained of muscle aches, back pain, itching, headaches, anxiety, sleep disturbances, chills and weakness. Current medications are listed as Hydrocodone, Buprenorphine and Citalopram. Treatment plan consists of home exercise program, use prescribed medications as directed, hepatic and renal function lab work and the current request for Hydrocodone and Buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL 8mg #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 02/25/15 progress report provided by treating physician, the patient presents with muscle aches, back pain, CRPS symptoms and pain in the left lower extremity. The request is for BUPRENORPHINE HCL 8MG #90 WITH 1 REFILL. The patient is status post tennis elbow procedure, bilateral carpal tunnel release, and bilateral tarsal tunnel release, dates unspecified. No RFA provided. Patient's diagnosis on 02/25/15 included tarsal tunnel syndrome, pain in elbow, pain in limb, degeneration of lumbar intervertebral disc, cervical spondylosis without myelopathy, and reflex sympathetic dystrophy of lower extremity. Patient's medications allow patient to remain stable. Medications include Citalopram, Norco and Buprenorphine. Pain contract signed 09/03/14. CURES completed 12/22/14 showed no suspicious activity. UDT completed November 2014 within normal limits. Patient continues with home exercise program. Patient is not working, per 02/25/15 progress report. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Buprenorphine has been included in patient's medications, per progress reports dated 10/03/14 and 02/25/15. Treater report dated 10/03/14 states "medication provides >50% pain relief, allows for improvement in function including ADLs and HEP/walking regimen." Per progress report dated 02/25/15, treater states, "the patient demonstrates increased activity and functionality on opiate therapy. There have been no issues of misuse or diversion of the medication. The side effects are minimal and controllable." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Hydrocodone/Acetaminophen 5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: Based on the 02/25/15 progress report provided by treating physician, the patient presents with muscle aches, back pain, CRPS symptoms and pain in the left lower extremity. The request is for HYDROCODONE/ACETAMINOPHEN 5/325MG #120. The patient is status post tennis elbow procedure, bilateral carpal tunnel release, and bilateral tarsal tunnel release, dates unspecified. No RFA provided. Patient's diagnosis on 02/25/15 included

tarsal tunnel syndrome, pain in elbow, pain in limb, degeneration of lumbar intervertebral disc, cervical spondylosis without myelopathy, and reflex sympathetic dystrophy of lower extremity. Patient's medications allow patient to remain stable. Medications include Pain contract signed 09/03/14. CURES completed 12/22/14 showed no suspicious activity. UDT completed November 2014 within normal limits. Patient continues with home exercise program. Patient is not working, per 02/25/15 progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 10/03/14 and 02/25/15. Treater report dated 10/03/14 states "medication provides >50% pain relief, allows for improvement in function including ADLs and HEP/walking regimen." Per progress report dated 02/25/15, treater states, "the patient demonstrates increased activity and functionality on opiate therapy. There have been no issues of misuse or diversion of the medication. The side effects are minimal and controllable." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.