

Case Number:	CM14-0112639		
Date Assigned:	08/01/2014	Date of Injury:	03/19/2003
Decision Date:	09/26/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old female who reported an injury on 03/19/2003 sustaining injuries to her back. The injured worker's treatment history included medications, surgery, physical therapy, MRI studies, and x-rays. The injured worker was evaluated on 06/26/2014 and it was documented that the injured worker complained of low back and right knee pain. Physical examination revealed lumbar flexion was 20 degrees, extension to neutral position, right side bending was 15 degrees, left-sided bending was 10 degrees, pain with range of motion, lumbar or paraspinal spasm, lumbar tenderness, decreased tailbone tenderness, residual bilateral S1 joint tenderness, mild diffuse left knee tenderness, positive left patellar compression and apprehension, mild right knee swelling, diffuse tenderness to the right peripatellar area, hamstring, and quadriceps strength 4+/5, and mild allodynia. Within the documentation, the provider noted the injured worker in the past had self-procured Dilaudid which gave pain relief. Within the documentation submitted, it was noted that the injured worker had used Butrans patches over a year ago while weaning from Norco. The injured worker has been using Zolofl since 2009. Medications included Zolofl, oxycodone, Butrans, and Dilaudid. Diagnosis included lumbar spondylosis, status post right TAR revision, and left knee DJD/meniscal tear. The Request for Authorization dated 06/27/2014 was for Butrans 5 mcg/hour patches, and Zolofl 50 mg. The rationale for the medications is the injured worker has functional increments with the medications. Zolofl was prescribed for chronic pain, due to the injured worker inability to return to the open labor market.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 mcg/hr # 4 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends that Butrans Patch mcg/hour is recommended for treatment of opiate addiction. It also states that it is an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-3 controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most [REDACTED] countries as a transdermal formulation (patch) for the treatment of chronic pain. Advantages in terms of pain control include the following: non-analgesic ceiling, a good safety profile (especially in regard to respiratory depression), decreased abuse potential, ability to suppress opiate withdrawal, and apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor). There was lack of outcome measurements of conservative care such as pain medication management and home exercise regimen noted for the injured worker. In addition, there were no diagnoses indicating the injured worker has an Opioid dependency. The request lacked frequency and duration of medication. Given the above, the request for Butrans 5 mcg/hour # 4 with 2 refills is not medically necessary.

Zoloft 50 mg # 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: According to MTUS/ACEOM Guidelines recommend Zoloft antidepressants or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. While this medication is recommended as a first line treatment for major depressive disorder, there are no current subjective or objective complaints that indicate continued depression or documented evidence that the injured worker showed improvement from previous use of this medication since 2009. Additionally, the provider failed to indicate lack of improvement from long term use of this medication. Therefore, the request for Zoloft 50 mg is not medically necessary.

