

Case Number:	CM14-0136188		
Date Assigned:	09/03/2014	Date of Injury:	02/27/2014
Decision Date:	10/08/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/22/2014

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, Pain Medicine and is licensed to practice in California. 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 39-year-old female who reported an injury on 02/27/2014. The mechanism of injury was noted to be a gust of wind moved her trunk lid down on the back of her head and neck area. She was noted to have diagnostic imaging studies. Her diagnosis was noted to be displacement of cervical intervertebral disc without myelopathy and cervical spinal stenosis. She was noted to have prior treatments of medications and epidural steroid injections. There was no pertinent surgical history noted. A clinical evaluation on 03/31/2014 noted the injured worker with subjective complaints of pain in her neck and right arm, as well as paresthesias. The physical examination noted findings of tenderness over the cervical midline and paravertebral areas. Muscle exam noted tightness with thoracic and cervical muscles. She was positive for Spurling's. The treatment plan was for a transforaminal epidural injection. In addition, a prescription for Lyrica. The rationale for the request was not provided within this clinical evaluation. A Request for Authorization form was also not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15 mcg/hr Transdermal patch #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The request for Butrans 15 mcg/hr transdermal patch, quantity 4, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation provided does not indicate that the injured worker is being switched over to the Butrans patch due to an opiate addiction or a detoxification plan. In fact, there is a lack of documentation to support any prior opiate use. The treatment plan at the time of evaluation does not indicate Butrans patch. In addition, the provider's request does not provide a frequency of use for the Butrans patch. As such, the request for Butrans 15 mcg/hour transdermal patch, quantity 4, is not medically necessary.

Hydrocodone 10/325mg one to two (1-2) q4-6 hrs #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for hydrocodone 10/325 mg 1 to 2 q 4 to 6 hours with a quantity of 180 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. As such, medical necessity has not been established.