

Case Number:	CM14-0097374		
Date Assigned:	07/28/2014	Date of Injury:	04/25/2006
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with a date of injury of 04/25/2006. The listed diagnoses per [REDACTED] are post cervical fusion from 09/06/2011, depression, and right lumbar facet pain. According to progress report 05/14/2014, the patient presents with chronic low back pain. The provider states the patient recently underwent a lumbar radiofrequency and reports 20% reduction in pain. The patient reports current medication treatment plan is working well to manage symptoms, and patient is satisfied with Ambien for sleep aid. The patient's current medication regimen includes Subutex, Xanax, Zolpidem, Wellbutrin, Cymbalta, Tizanidine, and Colace. Report 01/07/2014 indicates the patient is taking Subutex 3 times a day "which seems to be helping." This is a request for refill of Subutex 8 mg #90 and Colace 100 mg #30. Utilization Review denied the request on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subutex 8 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a refill of Subutex 8 mg #90 for pain. 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 4 As (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. Review of the medical file indicates the patient has been taking this medication since 01/07/2014. The provider states this medication is helping with patient's pain. There are no other discussions of this medication. There are no discussions of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation warranting long term opiate use, this request is not medically necessary.

Colace 100 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation and opiates Page(s): 77.

Decision rationale: This patient presents with continued low back pain. The provider is requesting a refill of Colace 100 mg #30. Utilization Review denied the request stating "the patient is no longer taking her opioid medication, Subutex, which has been subsequently denied." The MTUS guidelines page 76-78 discusses prophylactic medication for constipation when opiates are used. This patient has been taking opioids on a long term basis and has complaints of constipation. Therefore, the request is medically necessary.