

Case Number:	CM14-0141082		
Date Assigned:	09/10/2014	Date of Injury:	08/20/2010
Decision Date:	02/04/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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 Pain Management, has a subspecialty in Anesthesiology & Acupuncture 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:

45 y/o male with date of injury of 8/20/10 with related back and knee pain. On exam, he was noted to have a positive straight leg raise, moderate muscle spasm, reduced range of motion in the lumbar spine, and tenderness to palpation. He was treated with a lumbar facet injection, medication management, and physical therapy. He was diagnosed with chondromalacia, lumbar radiculopathy, and was advised to pursue knee surgery and consult with a rheumatologist. The medication management consisted of a prednisone taper, systemic NSAIDs, and opiates. The most recent record available for UR review was dated 7/10/14, while the most recent record available for IMR review was dated 7/25/14. The UDS performed on that day revealed appropriate results, negative for drugs of abuse and positive for hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation: Ongoing pain management care for medication management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: It should be noted that the UR physician authorized 3 visits with the Pain Medicine physician. The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. I respectfully disagree with the UR physician's assertion that only three visits may be necessary, this cannot be known in advance, and there is no rationale provided as to why only 3 visits are thought to be sufficient. The request is medically necessary.

Butrans patch 10mcg #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27, 78.

Decision rationale: I disagree with the UR physician's use of the guidelines related to the treatment of chronic pain with opiates, because the injured worker had nociceptive acute pain from ongoing tissue trauma correctable with surgery, which they were scheduled for. It would have been more appropriate to use acute pain guidelines. Also, the PTP decided to prescribe Butrans because the IW's most recent UDS results (which were for a specimen two months prior) were negative for the opiates prescribed. While buprenorphine is not optimal to use prior to surgery (as it has a long half-life with antagonist effects which could negatively affect the use of perioperative analgesics), the provision of buprenorphine in the context of questionable UDS results for the treatment of acute pain is appropriate and medically necessary. With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III 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 European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent anti-hyperalgesic effect (partially due to the effect at the kappa-receptor)."