MAXIMUS Federal Services

Case Number:	CM14-0210317		
Date Assigned:	12/23/2014	Date of Injury:	09/30/2003
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 30, 2003.In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve requests for Butrans and Norco. The claims administrator referenced an RFA form received on November 18, 2014 in its determination. The applicant's attorney subsequently appealed.In a November 30, 2014 progress note, the applicant reported 7/9 low back pain radiating into the bilateral lower extremities, exacerbated by standing, walking, bending, and lifting. The applicant was on Butrans patches and Neurontin. The attending provider suggested that the applicant was using Butrans for pain purposes. The applicant was asked to continue Ambien, Motrin, and Neurontin, it was incidentally noted. The applicant was asked to continue previously imposed permanent limitations. It did not appear that the applicant was working with said limitations in place. The applicant was having difficulty standing and walking in her shower, it was acknowledged. The applicant exhibited a visibly slow gait in the clinic setting. 10/10 pain without medications versus 7/10 pain with medications was noted. In a September 22, 2014 progress note, the applicant was asked to continue chiropractic manipulative therapy. Permanent work restrictions were renewed. The applicant was asked to continue Neurontin, Ambien, and Motrin. The applicant was using Butrans patches, it was stated in another section of the note. As of the preceding note, the applicant's complete medication list was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mg/hr patch, quantity 4: Upheld

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

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

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Butrans) is indicated in the treatment of opioid addiction and/or for chronic pain purposes in applicants who are previously detoxified off of opioids. In this case, however, there was no mention of the applicant's having previously detoxified off of opioids. There was no mention of the applicant's employing Butrans for opioid addiction or opioid dependence purposes. Rather, it appeared that the applicant was employing buprenorphine for chronic pain purposes. Buprenorphine is not a first-line agent for the same, per pages 26 and 27 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/325mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. Permanent work restrictions remain in place, unchanged from visit to visit. The applicant is having difficulty performing activities of daily living as basic as standing, walking, and showering, despite ongoing medication usage, including ongoing Norco usage. The applicant's reduction in pain scores from 10/10 without medication to 7/10 with medications appears, moreover, tend to be marginal to negligible at best and is, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvement in function achieved as a result of the same. Therefore, the request was not medically necessary.