MAXIMUS Federal Services

Case Number:	CM14-0217090		
Date Assigned:	01/07/2015	Date of Injury:	09/17/2010
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/29/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who reported an injury on 09/17/2010. The mechanism of injury was not provided. On 11/11/2014, the injured worker presented with left wrist pain. She also reports that her neck pain, upper back pain, middle back pain, left shoulder pain, right shoulder pain, and right wrist pain level has remained unchanged. Current medications included levothyroxine, estradiol, preparation H suppository, Senokot tablet, Motrin, Voltaren gel, Lyrica, Prilosec, and Norco. Diagnoses were musculoskeletal sprain to the thoracic and cervical spine, disc bulge of the cervical spine, radiculopathy of the cervical spine, right carpal tunnel release, carpal tunnel syndrome, and bursitis. Prior therapy included activity restrictions and medications. The provider recommended Norco 5/325 mg and Butrans patch 10 mg. Rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: The request for Norco 5/325mg #90 is not medically necessary. California MTUS Guidelines recommend 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 documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. A current urine drug screen and current pain contract was not submitted for review. Additionally, there was no information on treatment history and efficacy of the prior use of the medication. The request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Butrans patch 10mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Buprenorphine for Chronic Pain

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

Decision rationale: The request for Butrans patch 10mg #4 is not medically necessary. California MTUS recommends Butrans for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in injured workers who have history of opiate addiction. There is no evidence of an opiate addiction or that injured worker was detoxifying from opioids. There is no information on treatment history and length of time the injured worker has been prescribed Butrans. There was no rationale for provided for the recommended prescription. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.