MAXIMUS Federal Services

Case Number:	CM15-0013970		
Date Assigned:	02/02/2015	Date of Injury:	01/31/2014
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/23/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 43 year old female, who sustained an industrial injury on 1/31/2014 when she tripped on the doorstep and fell. She reported twisting her left knee and landing on her right elbow. The diagnoses have included chronic neck pain and intermittent left knee pain. Treatment to date has included exercise, medication, acupuncture and chiropractic. Magnetic resonance imaging (MRI) of the cervical spine dated 9/04/2014 showed left paracentral 5-6mm disc protrusion at C5-6 and 3-4mm disc protrusion at C6-7. MRI of the left knee dated 9/05/2014 was read as normal. Currently, the IW complains of ongoing neck and back pain rated as 5-8/10. Ultracet helped with the pain but made her really tired. Norco has provided significant relief. She reported exercising daily and there were no problems performing activities of daily living. Objective findings included tenderness to palpation of the upper thoracic paraspinal muscles.On 1/16/2015, Utilization Review non-certified a request for Butrans patch 5mcg (2 month trial) #4, and a TSH laboratory test, noting that the clinical findings do not support the medical necessity of the treatment. The ODG was cited. On 1/23/2015, the injured worker submitted an application for IMR for review of for Butrans patch 5mcg (2 month trial) #4, and a TSH laboratory test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butran's patch 5 mcg, four count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>.According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up or absence of side effects and aberrant behavior with previous use of opioids. The patient continued to have significant pain with Butrans. There is no justification to use multiple opioids. There is no recent documentation of recent opioid addiction. Therefore, the request for Butran's patch 5 mcg, four count is not medically necessary.

One TSH lab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Taylor, P. N., et al. (2013). "Clinical review: A review of the clinical consequences of variation in thyroid function within the reference range." J Clin Endocrinol Metab 98(9)

Decision rationale: According to Medscape, Thyroid-Stimulating Hormone testing is indicated in case of suspicion of thyroid dysfunction. There is no clinical evidence in the patient file suggesting thyroid dysfunction. Therefore testing for thyroid stimulating hormone (TSH) is not medically necessary.