

Case Number:	CM15-0120669		
Date Assigned:	07/01/2015	Date of Injury:	08/29/2002
Decision Date:	08/06/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 8/29/2002. Diagnoses include chronic lumbosacral sprain/strain with radiculopathy, chronic sacroiliac sprain/strain bilaterally right greater than left, bilateral knee pain status post diagnostic and arthroscopic evaluation of the right knee (2007), likely postoperative Complex Regional Pain Syndrome and Diabetes Mellitus type II. Treatment to date has included diagnostics, conservative care including medications and implantation of a spinal cord stimulator as well as surgical intervention. Per the Primary Treating Physician's Progress Report dated 5/12/2015, the injured worker presented for follow-up of back pain. She reported lumbar back stiffness and pain with a severity of 6/10. She also reported chronic knee pain and right knee pain rated as 8/10. Lumbosacral examination revealed pain with rotational extension indicative of facet capsular tears bilaterally and secondary myofascial pain with triggering and ropey fibrotic bands bilaterally. There was tenderness of the thoracic, lumbar and cervical paraspinal muscles with spasm and tenderness on all levels. The plan of care included medications and authorization was requested for Percocet 10/325mg, Butrans 20mcg/hr patch and Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Butrans 20mcg/HR patch #4 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider noted that Butrans has never been used correctly by the patient and thus there are no outcomes to measure from its use. He reasons that it should be authorized so that the patient can try it. However, in the event that a trial would be reasonable, there is no indication for a prescription with 3 refills as that is not conducive to routine reevaluation for efficacy and continued need. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Butrans is not medically necessary.

1 Prescription of Omeprazole 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

1 Prescription of Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet is not medically necessary.