

Case Number:	CM15-0177802		
Date Assigned:	09/16/2015	Date of Injury:	10/08/2004
Decision Date:	10/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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: Texas, Florida, 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:

This is a 39 year old male with a date of injury on 10-8-2004. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc degeneration, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, shoulder impingement syndrome and chronic pain due to trauma. Medical records (2-9-2015 to 8-18-2015) indicate ongoing low back pain. The pain traveled to the buttocks, mostly the left. The injured worker also complained of neck and right shoulder pain. He rated his current pain (8-18-2015) as seven out of ten with no medications. At the 2-9-2015 visit, the injured worker rated his pain as three to four out of ten. He reported that all his medications had been denied (8-18-2015) and asked for samples. He complained of not sleeping well due to pain. Per the treating physician (7-7-2015), the employee has returned to work. The physical exam (2-9-2105 to 8-18-2015) revealed tenderness to palpation of the midline sacral junction of the back. The physician documented (8-18-2015) "PHQ9 #8." There was positive Neer sign in the right shoulder. Treatment has included medications. Current medications (8-18-2015) included Nortriptyline, Flexeril, Butrans, Norco and Motrin. The injured worker has been prescribed Norco and Butrans patches since at least 8-15-2014. The request for authorization dated 8-18-2015 was for Butrans patches, Norco and a pain specialist. The original Utilization Review (UR) (8-27-2015) non-certified requests for Norco and Butrans patches. Utilization Review certified requests for Nortriptyline and a pain specialist consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. Page 79, 80 and 88 of 127. This claimant was injured in 2004 with cervical disc degeneration, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, shoulder impingement syndrome and chronic pain due to trauma. The employee has returned to work. The injured worker has been prescribed Norco and Butrans patches since at least 8-15-2014. Objective, functional improvement out of the regimen is not documented. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.

1 Prescription of Butrans patch 20mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R MTUS (Effective July 18, 2009) Page 27 of 127. This claimant was injured in 2004 with cervical disc degeneration, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, shoulder impingement syndrome and chronic pain due to trauma. The employee has returned to work. The injured worker has been prescribed Norco and Butrans patches since at least 8-15-2014. Objective, functional improvement out of the regimen is not documented. The MTUS notes this medicine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is no information of opiate addiction, or it is being used post detoxification. The request does not meet MTUS criteria for the use of this special opiate medication, and it was appropriately non-certified.