

Case Number:	CM15-0026606		
Date Assigned:	02/19/2015	Date of Injury:	01/10/2001
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/12/2015

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

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 65 year old male who sustained an industrial injury on January 10, 2001. He has reported pain in the neck and low back and has been diagnosed with status post anterior cervical discectomy and fusion C4-5 and C5-6 with resolved myelopathy, C3-4 junctional change, history of prior lumbar fusion L4 to S1, and postoperative spondylolisthesis L3-4. Treatment has included surgery and medications. Currently the injured worker complains of pain in the neck and lower back with numbness and tingling in his right upper extremity and right lower extremity. The treatment plan included medications. On January 26, 2015 Utilization Review non certified office visit follow up, peripheral neurostimulator, Butrans patch 10 mcg/hr #4, and norco 10/325 mg # 120 citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit follow up: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: According to the 11/17/2014 report, this patient presents with constant pain in the neck and low back. The current request is for Office visit follow up but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 11/17/2014 and the utilization review letter in question is from 01/26/2015. The patient's work status was not mentioned in the provided reports. Regarding Office visit follow up, the MTUS guidelines page 8 states that the treating physician must monitor the patient and provide appropriate treatment recommendations. The treater should be allowed to have an office visit so that he can treat the patient and provide appropriate treatment recommendations. In this case, this patient has chronic neck and low pain for more than 14 years and will require follow up visit. The current request IS medically necessary.

Peripheral neurostimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to the 11/17/2014 report, this patient presents with constant pain in the neck and low back. The current request is for Peripheral neurostimulator. Regarding neurostimulator, the MTUS does not support neuromuscular stimulator (NMES) except for stroke rehabilitation. This patient presents with spinal pain for which this unit is not indicated. The current request IS NOT medically necessary.

Butrans patch 10mcg/hr qty: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89. Decision based on Non-MTUS Citation Official disability guidelines pain chapter under Buprenorphine for chronic pain.

Decision rationale: According to the 11/17/2014 report, this patient presents with constant pain in the neck and low back. The current request is for Butrans patch 10mcg/hr qty: 4 but the treating physician's report containing the request is not included in the file. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG does recommend Butrans (Suboxone) as an option for treatment of chronic pain in selected patients. Also, it is suggestive for patients with hyperalgesic component to pain, centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opiate maintenance, for analgesia in patients who have previously been detoxified from other high-dose opioids.

Butrans patch contains buprenorphine, an opiate pain medication, use to treat moderate to severe chronic pain. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the medical reports provided, there is no mention of this patch usage; it is unknown exactly when the patient initially started taking this patch. In this case, the provided reports show no documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology or CURES. The treating physician's report does not shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 11/17/2014 report, this patient presents with constant pain in the neck and low back. The current request is for Norco 10/325mg #120. This medication was first mentioned in the 07/26/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work is discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.