

Case Number:	CM15-0067608		
Date Assigned:	04/15/2015	Date of Injury:	10/14/2009
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/09/2015

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, New York, 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:

The applicant is a represented 61-year-old who has filed a claim for chronic reflex sympathetic dystrophy (RSD), ankle pain, knee pain, foot pain, low back pain, and toe pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of October 14, 2009. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for BuTrans and Norco. The claims administrator referenced RFA forms of March 5, 2015 and February 10, 2015 in its determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported multifocal complaints of finger, hand, and arm pain. The applicant was not working. The applicant reported difficulty sleeping. The note was difficult to follow and, at times, internally inconsistent. 6/10 pain complaints were reported in one section of the note. In another section of the note, the applicant reported 3/10 pain complaints. The applicant needed assistance in performing household chores and with dressing herself, it was stated. In another section of the note, the attending provider stated that Norco was beneficial in terms of attenuating the applicant's pain complaints. The applicant was given a refill of Norco and was asked to employ BuTrans for the purposes of weaning the applicant off of Norco. The attending provider, thus, framed the 60-tablet request for Norco as a weaning request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 mcg #4 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

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

Decision rationale: Yes, the request for BuTrans (buprenorphine) was medically necessary, medically appropriate, and indicated here. As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine is recommended in the treatment of opioid addiction and is also recommended for chronic pain purposes in applicant who have detoxified off of opioids who do have a history of opioid addiction. Here, the attending provider seemingly suggested that BuTrans was being employed for the purposes of weaning the applicant off of Norco. The attending provider seemingly suggested on February 25, 2015 that ongoing usage of Norco had not proven beneficial here and suggested, albeit incompletely, that the applicant needed to use buprenorphine as a transitory step toward weaning the applicant off of Norco altogether. Introduction of buprenorphine (BuTrans) was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.

Norco 7.5 mg/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. The request was framed as a weaning or tapering request for Norco. As noted on page 124, of the MTUS Chronic Pain Medical Treatment Guidelines, a slow taper of opioids is recommended. Page 124 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that those applicants who have taken opioids on a long-term basis are more difficult to taper. Here, the applicant was a longstanding, long-term Norco user, it was acknowledged. A 60-tablet weaning or tapering supply of Norco was, thus, indicated on or around the date in question, February 25, 2015. Therefore, the request was medically necessary.