

Case Number:	CM13-0022759		
Date Assigned:	11/13/2013	Date of Injury:	02/28/2008
Decision Date:	02/04/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old male who reported a work related injury on 02/28/2008, the specific mechanism of injury was a crush injury. The patient presents for treatment of the following diagnoses, multiple trauma, pelvic fracture, left malleolar fracture, anxiety disorder, depression, post-traumatic stress disorder, proximal femoral fracture, status post skin graft of the left lower extremity, post concussion headaches, and post traumatic visual deficits. The clinical note dated 07/25/2013 reports the patient was seen under the care [REDACTED]. The provider documents the patient's medication regimen includes Q Pap 500 mg 2 by mouth every 6 hours, Butrans patch 10 mg weekly, MiraLAX 1 cap by mouth daily, Prilosec 20 mg twice a day, Ativan 0.25 mg by mouth every 6 hours, Valproic acid 250 mg 1 by mouth twice a day, Zolpidem 10 mg by mouth at bedtime, Effexor 37.5 mg 1 by mouth daily, gabapentin 100 mg 3 times a day, and lisinopril 10 mg 1 by mouth daily. The provider documents the patient presents with continued cognitive impairments and visual function. The provider documented upon physical exam of the patient, the patient reported his pain level was at a 7/10. The provider documents the patient shows significant anxiety and depression and has difficulty with maintaining his alertness and continues to fall asleep in inappropriate setting. The provider documented the patient was unable to tolerate Zoloft. The provider documented the patient was to continue utilization of a Butrans patch for generalized body pain with a subsequent referral to neurologist for consultation regarding narcolepsy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mg, 1 weekly for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26 -74.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks the specific rationale for the patient to utilize a Butrans patch 10 mcg weekly. The provider documents the patient presents with multiple diagnoses status post a work related crush injury sustained over 5 years ago. However, objectively upon exam, the clinical notes failed to evidence significant objective findings of physical functional deficits. The provider was documenting the patient's complaints of mania, depression, anxiety, and poor cognition. The clinical notes do not indicate how long the patient has been utilizing a Butrans patch, functional improvement as a result of a Butrans patch, the patient's subjective pain complaints and objective findings of symptomatology to support continued opioid therapy. Additionally, the patient presents with significant cognitive impairments, it is unclear if this is a direct result of the patient's work related injury sustained multiple years ago or medication changes. California MTUS Guidelines state Butrans patch "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 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). Additionally, California MTUS documents that bupropion is utilized for patients being treated for opiate addiction. It is unclear that this patient presents status post intoxication or that the patient has a history of opiate addiction. Given all the above, the request for Butrans 10mg 1 weekly for 6 months is not medically necessary nor appropriate.