

Case Number:	CM13-0025287		
Date Assigned:	11/20/2013	Date of Injury:	12/26/2001
Decision Date:	02/28/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational Medicine, and is licensed to practice in California. 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.

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 [REDACTED] employee, who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 26, 2011. The applicant has been treated with the following: Analgesic medications; prior cervical laminectomy surgery; subsequent cervical fusion surgery; subsequent cervical hardware removal surgery; lumbar discectomy surgery; transfer of care to and from various providers in various specialties; multiple epidural steroid injections, both cervical and lumbar over the life of the claim; and extensive periods of time off of work. In a utilization review report of August 27, 2013, the claims administrator reportedly denied a request for Butrans patches. The applicant's attorney later appealed. A later note of December 3rd, 2013, is notable for comments that the applicant does not know if Butrans is helping. He states baclofen is helping. He is on TENS unit, lidocaine patches, Remeron, Zoloft, Coumadin, Inderal, Lamictal, flurazepam, Valium, Phenergan, MiraLax, and Colace. The applicant uses a cane to move about. Diminished upper and lower extremity strength is noted. The applicant is asked to increase Butrans dosage and continue baclofen. He is unable to have trigger point injections owing to ongoing Coumadin usage. A rather proscriptive 5-pound lifting limitation is again endorsed. An earlier note of October 8, 2013, is notable for comments that the applicant reports a decreased activity level. He was hospitalized in August 2013 for a pulmonary embolus. He has heightened sciatic symptoms. The applicant's body mass index is in a 37 to 38 range. It is stated that Butrans patches at a 10-mcg dosage resulted in better pain relief than Butrans at a 5 mcg dosage. It is stated that the applicant is not working. A rather proscriptive 5 pound lifting limitation is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butran patch 10mcg/hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: Please reference the following citation: "When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Chronic Pain Medical Treatment Guidelines Page 80 of 127)." The applicant does not clearly meet criteria set forth on page 80 of the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for continuation of Butrans, an opioid agent. Specifically, the applicant has failed to return to work. There is no clear evidence of improved performance of non-work activities of daily living. The applicant still has significant residual physical impairment. Several progress notes interspersed above, between October and December 2013, suggest that the applicant's pain is heightened as opposed to diminished despite ongoing Butrans patch usage. Several of the same progress notes further state that the applicant's ability to perform activities of daily living is diminished as a result of heightened pain despite ongoing Butrans usage. Continuing the same, on balance, in this context is not indicated. Accordingly, the request is not certified, on independent medical review. –