

<b>Case Number:</b>	CM13-0038310		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/23/1998
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, depression, hypertension, and coronary artery disease reportedly associated with an industrial injury of May 23, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; coronary artery bypass grafting; antidepressant medications; adjuvant medications; transfer of care to and from various providers in various specialties; and prior lumbar fusion surgery. In a utilization review report of September 24, 2013, the claims administrator partially certified the request for Butrans for weaning purposes and apparently approved the request for Wellbutrin. The applicant's attorney subsequently appealed. In a clinical progress note of October 15, 2013, the applicant presents with multifocal neck, head, leg, shoulder, and back pain. The applicant is described as having ongoing issues with pain and disability. The applicant's pain scores are rated at 8/10. The applicant will apparently discontinue Butrans and begin taking Kadian (long-acting morphine). The applicant is obese with a BMI of 36. Diminished upper and lower extremity strength is noted with associated tenderness to touch. Various medications are refilled. The applicant is asked to obtain Botox injections, morphine, massage therapy, and Wellbutrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 20 mcg/hr #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 Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant did not return to work. The attending provider described the applicant as "disabled." The applicant did not report improved functioning in terms of performance of non-work activities of daily living. If anything, the most recent progress supervisor suggested that the applicant reported heightened pain despite ongoing opioid usage. Ultimately, the attending provider himself apparently felt that ongoing usage of Butrans was ineffectual and transitioned the applicant to Kadian (long-acting morphine). On balance, then, continuing Butrans was not appropriate as of the date of the utilization review report. The request remains non-certified, on independent medical review.