

Case Number:	CM13-0068061		
Date Assigned:	01/03/2014	Date of Injury:	05/01/2012
Decision Date:	05/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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:

This is a male patient with the date of injury of May 1, 2012. A utilization review determination dated December 13, 2013 recommends modification of 1 prescription of Butrans 5mcg. The previous reviewing physician recommended modification of 1 prescription of Butrans 5mcg due to failure of first line opioids and not enough relief with addition of neuropathic medications. A PR-2 dated November 25, 2013 identifies Subjective Complaints of pain in his neck that radiates into his right upper extremity. He associates this radiating pain with numbness and states his hand and fingers are numb most of the day. He further states the pain in his low back continues to radiate into his right lower extremity. He has been tried on tramadol and Nucynta but the medications did not alleviate his pain. Objective Findings identify painful limited cervical range of motion with pain to palpation throughout the cervical musculature. There is positive axial head compression test bilaterally, right greater than left. There is dysesthesia in the C6-7 dermatomes on the right when compared to the left. There is pain to palpation throughout the lumbar musculature with positive straight leg raise on the right. Dysesthesia in the right L5-S1 dermatome to pinwheel. Diagnostic Impressions identify right cervical radiculopathy, L5-S1 disc disruption with bilateral lumbar radiculitis (left greater than right), right wrist triangular fibrocartilage strain, chronic pain syndrome, gastritis, and right knee internal derangement. Treatment Plan identifies trial Butrans 5 mcg patch one patch q. week.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 5 MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines state that Butrans is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Within the documentation available for review, there is chronic pain. However, the current request does not include frequency and/or duration of use, and guidelines clearly recommend against the open ended use of opiate pain medication. Additionally, there is no documentation of objective functional deficits, which are to be used as a goal to determine treatment success with a Butrans trial. In the absence of such documentation, the currently requested Butrans is not medically necessary.