

Case Number:	CM14-0003805		
Date Assigned:	02/03/2014	Date of Injury:	03/28/2008
Decision Date:	06/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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:

The patient is a 56-year-old female who has submitted a claim for Lumbar Radiculopathy, Cervical Radiculopathy, Lumbar Spinal Stenosis, Cervical Spinal Stenosis, Osteoarthritis, Medication-related Dyspepsia, and Hypertension associated with an industrial injury date of March 28, 2008. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain radiating to the bilateral lower extremities. She also complained of neck pain radiating to the bilateral upper extremities. Pain level was 5/10 with medications and 10/10 without medications. The patient also reported limitations in activities of daily living. Review of systems revealed "no significant changes." On physical examination, there was tenderness of the C4-7 and L4-S1 levels. Cervical and lumbar myofascial tenderness was also noted. Sensorimotor exam revealed "no change." Treatment to date has included home exercise program, left suprascapular nerve block, carpal tunnel release, postoperative physical therapy, and medications including opioids and Butrans patch 1 patch to be changed every 7 days (since September 2012). Utilization review from December 17, 2013 denied the request for 1 urine drug test because there were no documented signs of aberrant behavior or misuse of opioids to warrant frequent random testing; and 1 prescription for Butrans 20 mcg patch #4 because there was lack of evidence demonstrating functional improvement from previous use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, SUBSTANCE ABUSE (TOLERANCE, DEPENDENCE, ADDICTION),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a urine analysis is recommended as an option before a therapeutic trial of opioids and to assess for the use or the presence of illegal drugs, abuse, addiction, or poor pain control in patients under on-going opioid treatment. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In this case, the medical records showed that the patient already underwent four previous urine drug screens for the year 2013 dated December 16, 2013; June 18, 2013; March 18, 2013; and January 14, 2013. Screening is recommended up to four times in a year only and there is no clear rationale for a repeat urine drug screen at this time. Therefore, the request for URINE DRUG TEST is not medically necessary.

BUTRANS 20MCG PATCH #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, BUPRENORPHINE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 26-27.

Decision rationale: According to pages 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, a request for Butrans patch was made secondary to GI upset with oral analgesics and recent diagnosis of elevated liver enzymes. However, the medical records showed that Butrans patch was being prescribed since September 2012 (21 months to date) with no documented functional benefits. The medical records also failed to provide evidence of history of opiate addiction. There is no clear indication for continued use of this medication. Therefore, the request for BUTRANS 20MCG PATCH #4 is not medically necessary.