

Case Number:	CM14-0017927		
Date Assigned:	04/16/2014	Date of Injury:	08/02/2010
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 39-year-old female who reported an injury on 08/02/2010. The mechanism of injury was not provided in the medical records. The clinical note dated 01/29/2014 indicated that the injured worker noted that the increase of Butrans patch 20 mcg provided a current pain level of 5/10. The injured worker complained of hoarseness, difficulty breathing and swallowing with burning sensation in her left upper extremity. The injured worker reported that she dropped objects and falls a lot of the time with continued problems noted with balance. The injured worker's prior pain level was 6/10 to 7/10 without medication use. Prior use of MS Contin only provided 30 minutes of relief with a pain level of 5/10. With current use, the injured worker is able to perform activities of daily living for longer periods of time and perform home exercises. The physical exam noted tenderness to palpation present over the paraspinal musculature and paraspinal pain was noted. Range of motion for the lumbar spine was measured as flexion 38 degrees, extension 36 degrees, right rotation 60 degrees, left rotation 58 degrees, right lateral flexion 40 degrees, and left lateral flexion 40 degrees. Examination of the right shoulder revealed tenderness to palpation over the trapezius and parascapular region. There was mild tenderness noted to palpation over the subcranial space. Range of motion for the injured worker was noted to be guarded and decreased in all planes. Current medication was listed as Butrans patch 20 mcg. Diagnoses for the clinical office visit was listed as status post C4-7 anterior cervical discectomy and fusion performed on 09/29/2012, sprain/strain and bilateral upper extremity radiculitis, right shoulder strain/bursitis/tendinitis/impingement, right elbow lateral epicondylitis, right wrist tendinitis/early complex regional pain syndrome, and sleep difficulty secondary to pain. The treatment plan that was documented included a refill of the Butrans patch, possible local corticoid steroid injection for right shoulder and right elbow was

discussed, and follow-up in 4 to 5 weeks. The request for authorization for medical treatment, DWC form RFA dated 01/29/2014 requested a refill of Butrans patch 20 mcg. The clinical note dated 03/05/2014 noted that the injured worker reported her pain as severe, constant, sharp, burning, numbness with weakness. Pain level was 7/10 and remained the same as the prior examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS PATCH 20MCG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, ONGOING MANAGEMENT , 76, 78

Decision rationale: The request for the Butrans patch 20 mcg is non-certified. Butrans patch contains buprenorphine, an opioid agonist and Schedule III drug. The California MTUS does state that 4 domains that have been proposed are most relevant for ongoing monitoring of chronic pain patients on opioids indicated for pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-aberrant drug related behaviors. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects and aberrant or non-aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation provided for review did not provide evidence of objective functional improvement with the requested medication nor a significant decrease in pain to support continued use. Also, aberrant behavior was not addressed in the information provided to support continued use. The request as submitted failed to provide the frequency at which the patch was to be applied and failed to provide a quantity. Therefore, the request for Butrans Patch 20mcg is not medically necessary and appropriate.

HOME HEALTH AID SERVICES 8 HOURS PER DAY 7 DAYS PER WEEK FOR 12 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: HOME HEALTH SERVICES, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

Decision rationale: The decision for the home health aide services for 8 hours a day 7 days a week for 12 weeks is non-certified. The California MTUS Guidelines state it may recommend home health services for otherwise recommended medical treatment for patient who are home bound, on a part time or intermittent basis, but no more than 35 hours per week. Medical treatment does not include homemaking services like cleaning, shopping, and laundry. The home health documentation provided for review had noted that the injured worker does need assistance with some ADLs (Activities of Daily Living Skills) such as putting on clothes for the upper and lower extremities and bathing and grooming. The request for the home health aide services for 8 hours a day for 7 days a week for 12 weeks exceeds the guidelines that the California MTUS has set at 35 hours a week; the request was for 56 hours a week. Also, the clinical information provided failed to indicate the patient was homebound or what medical treatment the home health services would be required for. Therefore, the request for Home Health Aid services 8 hours per day, 7 days per week for 12 weeks is not medically necessary and appropriate.