

Case Number:	CM14-0111827		
Date Assigned:	09/16/2014	Date of Injury:	04/29/2003
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/17/2014

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 Neurology, has a subspecialty in neuromuscular medicine, and is licensed to practice in New Jersey. 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 man who sustained a work related injury on April 30, 2003. Subsequently, he developed a chronic back and bilateral sciatica pain. The patient underwent L5-S1 interbody fusion on June 8, 2010, trigger finger in 2007, carpal tunnel operation in 2007, and spinal cord stimulator system implantation on January 16, 2014. According to a progress report dated June 16, 2014, the patient complained of back pain radiating to his calves, knees, and posterior thighs. He was getting Butrans patches at 20 mcg per hour, but has not had any for 2 months. He is also getting Dilaudid with them. The patient reports the sciatica pain is greater on the left and on the right. He describes the low back and sciatica pain as aching, burning, pins and needles, throbbing, deep, sharp, sharp, tingling, and radiating. Physical examination revealed tenderness with reduced range of motion of lumbosacral spine: Her physical examination was hard to perform since the patient was intolerant of many examination maneuvers. Neurological examination was within normal range. The patient was diagnosed with post laminectomy syndrome, back pain, and bilateral sciatic pain. The provider requested authorization for Butrans Patches 5 mcg and Butrans Patches 10 mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 5 mcg #8 per month x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans Patches 5 mcg #8 per month x 3 months.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Criteria for use of opioids, page179

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no evidence or documentation of recent opioids addiction in this case. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior from previous use of opioids. Therefore, the request for Butrans patch 5 mcg #8 is not medically necessary.

Butrans Patches 10 mcg #8 per month x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans Patches 5 mcg #8 per month x 3 months.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Criteria for use of opioids, page179

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing

Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no evidence or documentation of recent opioids addiction in this case. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior from previous use of opioids. Therefore, the request for Butrans Patches 10 mcg #8 per month x 3 months is not medically necessary.