

Case Number:	CM14-0124031		
Date Assigned:	08/08/2014	Date of Injury:	07/13/2011
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 48 year old female who sustained a work injury on 7-13-11. The claimant is status post ACDF C5-C6 and 6-C7. On 6-13-14, the claimant underwent interlaminar C7-T1 epidural steroid injection. On 6-26-14, the claimant reported left upper extremity pain and neck pain. She rated her pain as 5/10 as best and 10/10 at worst. Her current medications include Butrans, Lexapro, Lyrica 50 mg and 75 mg, Tizanidine and Zolpidem. On exam, the claimant had decreased range of motion of the cervical spine, facet tenderness, Spurling's was mildly positive. Straight leg raise is positive at 75-90 degrees. Motor strength was decreased in deltoid abduction, knee extension and ankle dorsiflexion on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 5 MCG 30 day Supply QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter -Buprenorphine.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that Buprenorphine is recommended for treatment of opiate addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Ongoing use of opioids requires 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 nonadherent) 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). There is an absence in documentation noting that the claimant has functional improvement with this medication. She continues with high levels of pain with the medication. There is an absence of quantification of improvement or any documentation that this medication improves psychosocial functioning or that the claimant is being monitored as required. Therefore, the medical necessity of this request is not established. The request for Butrans DIS 5 MCG 30 day Supply QTY 4 is not medically necessary.