

Case Number:	CM14-0151774		
Date Assigned:	09/19/2014	Date of Injury:	09/10/1996
Decision Date:	10/21/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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 Family 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:

This 68-year old manager reported injuries to her mid and low back, neck, both shoulders and both knees after falling off a chair on 9/10/96. Treatment has included three Right shoulder surgeries, one Left shoulder surgery, a Right knee medial meniscal repair, and 3 knee injections with viscoelastic material. An 8/6/14 progress note, by the primary treater, documents significant ongoing pain in the patient's shoulders, back and knees. There is decreased range of motion of shoulders and back. The patient is not engaging in physical therapy for fear of potential for re-tear in shoulders or knees. The primary treater feels she may need a fourth Right shoulder surgery and one or two more Right knee surgeries in the future, and states she remains temporarily totally disabled pending surgery. He states he has discussed the potential for addiction and habituation with narcotic medication, and has urged the judicious use of all narcotics. He relies on the patient's honesty in reporting pain and the use of alternative sources of narcotics. There is a 5/30/14 progress note from the primary treater that documents essentially the same complaints and pain levels. On that date she was participating in physical therapy. The provider stated that the patient notes benefit with the use of medications, but has markedly worsened due to not being able to obtain housekeeping. A refill of her tramadol 50 mg three times per day was requested, with the same disclaimer regarding discussing addiction with the patient, urging her to be judicious, and relying on her honesty in reporting aberrant use. The patient's status was again recorded as totally disabled pending surgery. There is a 3/28/14 progress not with documentation of pain levels and exam findings similar to those at the two visits noted above. A refill of tramadol 50 mg three times a day was requested, with the same disclaimers regarding narcotic use. None of the notes in the record document the patient's level of function apart from her total disability and desire not to do housework. No functional goals are mentioned. Utilization review has been performed twice in this case, on 6/19/14 and 9/4/14.

In both cases the request was modified, and a smaller amount than was requested was authorized to allow for weaning. Butrans patches have also been requested at least twice, with one non-certification and a 9/4/14 modification to allow for four patches with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, page 60, Criteria for Use of Opioids, Steps to Take Before a Thera.

Decision rationale: Per the MTUS recommendations cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. If opioids are used, it is recommended that goals for pain and function be set and monitored. Opioids should be discontinued if there is no improvement in function. There is no good evidence that opioids are effective for radicular pain. If long-term use of opioids occurs, there is a need for ongoing pain and function assessments, as well as assessments for side effects, of concurrent other treatments, and of concurrent psychological issues. The clinical findings in this case do not support the use of tramadol. None of the above recommendations have been instituted in this patient's case. No goals were set for pain or function levels and no monitoring for them have occurred. There has been no functional improvement, the patient remains totally disabled. In fact, this patient's level of function appears to have decreased while taking tramadol. On 5/30/14 she is documented as participating in physical therapy, and on 8/6/14 as afraid to do so. There is no evidence that tramadol even improved this patient's pain, since her pain levels have remained essentially the same. Based on these clinical findings and the guideline references, tramadol 50mg, # 90 with three refills use is not medically necessary because it has not resulted in any improvement in any measurable outcome in this patient, and her functional level appears to have actually decreased while on it.

Butrans patch 5mcg/hr, #4 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, page 60, Criteria for Use of Opioids, Steps to Take Before a Thera. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, an on-line evidence-based review service for clinicians, (www.uptodate.com), Buprenorphine: Drug information

Decision rationale: Butrans patches are a transdermal form of buprenorphine, an opioid medication. Per the MTUS recommendations cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. If opioids are used, it is recommended that goals for pain and function be set and monitored. Opioids should be discontinued if there is no improvement in function. There is no good evidence that opioids are effective for radicular pain. If long-term use of opioids occurs, there is a need for ongoing pain and function assessments, as well as assessments for side effects, of concurrent other treatments, and of concurrent psychological issues. Per the UpToDate reference cited, Butrans exposes patient to the risks of opioid addiction, abuse and misuse, which can lead to overdose and death. Patients should be assessed prior to use and regularly during use for the development of all any of these behaviors. Butrans may cause CNS (central nervous system) depression, which may impair physical or mental abilities. It may cause severe hypotension and syncope, and may cause potentially-life threatening respiratory depression. Misuse or abuse by chewing, swallowing, snorting or injecting buprenorphine extracted from the patch can result in uncontrolled delivery of buprenorphine and a significant risk for overdose and death. The clinical findings in this case do not support the use of Butrans patches. There is no evidence of any monitoring of the patient's functional level, and no functional goals have been set for the use of previous opioids or for Butrans itself. There has been no careful assessment of the patient's potential for addictive behavior. Cautioning her about addiction and exhorting her to report aberrant drug behavior if it occurs does not constitute careful assessment. Since this drug has high abuse potential, such an assessment is particularly important. Based on evidence-based references cited above and the clinical findings in this case, Butrans patch 5mcg/hour, #4 with three refills is not medically necessary because an appropriate evaluation has not been performed prior to its use, and there are no functional goals set or plans to monitor function as a response to its use.