

Case Number:	CM14-0185023		
Date Assigned:	11/13/2014	Date of Injury:	09/30/2003
Decision Date:	12/15/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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 Internal 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 injured worker (IW) is a 51-year-old man with a date of injury of September 30, 2003. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated October 14, 2014, the IW complained of constant neck pain radiating down to the bilateral upper extremities to the shoulders with constant tingling in the upper extremities into the fingers. The neck pain was associated with temporal, frontal and daily headaches. The headaches are described as aching, dull, throbbing and severe and are aggravated by flexion, extension, pulling, pushing and repetitive movements. He rates the pain as 6/10 with medications and 9/10 without medications. The IW notes difficulty with sleep. There was also documentation of bowel dysfunction, constipation, irritable bowel syndrome, bladder dysfunction, and frequent urination. Objective physical findings revealed cervical tenderness at C5-C7 and trapezius; cervical range of motion (ROM) slight to moderately limited due to pain. Pain was significantly increased with flexion and extension; slight decreased strength in the left upper extremity, tenderness lumbar L4-S1; lumbar ROM was moderately limited secondary to pain; pain significantly increased with flexion and extension; normal sensory exam; positive straight leg raise at 70 degrees and Jamar grip right 50/50/40 and left 60/50/40. The IW was diagnosed with status post cervical spinal fusion at C6-C7; chronic pain; status post fusion lumbar spine at L4-L5 and L5-S1; gastritis; status post umbilical hernia repair, industrial; and CABG X 2, industrial. Current medications include: Butrans 10mcg/hr patch, Konsyl Original Fiber Powder, Amitriptyline 75mg, Aspirin 81mg, Atorvastatin 40mg, Dexlansoprazole 60mg, Donnatal Elixir, Levitra 10mg, Lisinopril 10mg, Lorazepam 1mg, Metoprolol XL 50mg, Nitroglycerin 0.4mg, Norco 5mg, Orphenadrine, Pantoprazole 40mg, Psyllium Husk Powder, Ranitidine 150mg, Testosterone 1%, and Zolpidem 5mg. It is unclear as to when the IW started the Butrans patch. It was documented as part of the injured workers current medications on the October 14, 2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr patch #4 between 10/14/2014 and 12/26/2014: 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 Official Disability Guidelines (ODG); Pain Section, Buprenorphine

Decision rationale: Pursuant to the official disability guidelines, Butrans 10 mcg per hour patch #4 between October 14, 2014 and December 26, 2014 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not first line for all patients). Butrans is a schedule 3 controlled substance with a complex mechanism of action, involves four different opioid receptors at central and peripheral sites. Due to the complexity of induction and treatment, the drug should be reserved for use by clinicians with experience. In this case, the injured worker, pursuant to a progress note dated November 12, 2014, complained of six out of 10 pain currently; chiropractic treatment mildly helpful. The injured worker lives out of state and cannot come infrequently for treatment. [REDACTED] (pain management) requested Butrans patch. As noted above, Butrans is a schedule III controlled substance with a complex mechanism of action, complex induction and treatment and injured worker lives out of state and cannot come in frequently for treatment. It is unclear from the medical record who will be managing and how frequently the injured worker will be managed while taking Butrans. Consequently, Butrans is not clinically indicated. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Butrans 10g per hour #4 is not medically necessary.