MAXIMUS Federal Services

Case Number:	CM14-0071285		
Date Assigned:	07/14/2014	Date of Injury:	05/01/2001
Decision Date:	09/15/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 is a 69 year old female with a date of injury of May 1, 2001. Her diagnoses includes: chronic pain syndrome, left knee derangement, lumbar myofascial pain syndrome, status post bilateral arthroscopic knee syndrome and emotional complaints. In a recent progress note dated April 29, 2014 it was indicated that her symptoms have flared up but her utilization trial of Butrans patch has been beneficial. She indicated that the Butrans patch has provided her the best pain relief she has had. She noted 84% pain reduction and 50% increase in her ability to perform certain activities such as mopping and vacuuming function. Objective findings included tightness over the neck. Other examinations were unremarkable. Her current medications included hydrochlorothiazide, Prilosec, metformin and Daypro. This is a review of the requested 4 patches of Butrans 5mcg with 5 refills as one of the pain control strategies.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Patches of Butran 5mcg with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-48,Chronic Pain Treatment Guidelines 2009Functional Restoration Approach to Chronic Pain ManagementPain Outcomes and Endpoints Page(s): 78 7-8, 8-9.

Decision rationale: Based on the medical records submitted, the injured worker's condition has significantly improved after being provided with the trial of Butrans patch. In the progress note dated April 1, 2014 it was stated that her pain level in the low back was at 6 out of 10 on the pain scale. It was also indicated that she has 50% reduction in her pain and 64/100 quality of life. However in her most recent progress note dated April 29, 2014 it was indicated that her trial of Butrans has been beneficial and it has provided her with 84% pain reduction, 50% increase in her ability to perform certain activities and 80/100 quality of life. Moreover, the injured worker has some non-steroidal anti-inflammatory gastritis as she has been complaining of gastric discomfort as indicated in the progress notes dated 1/27/14 and 2/17/14 which is being addressed by Prilosec and Daypro. In addition, the evidence-based guidelines indicated that it is the treating physician's judgment if the treatment plan being provided to the injured worker is appropriate and is progressing towards functional restoration. If he feels that there is significant improvement, therefore it should be continued so as to achieve the goal of return to function, if not other treatment options should be considered. The guidelines also indicated that using medications in the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome and that when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. With the injured worker being undoubtedly able to comply with the criteria for functional improvement as well as her recurrent gastric complaints caused by pain medication, it can be concluded that the request for Butrans 5mcg with 5 refills is medically necessary. I am reversing the previous UR decision for the requested 4 patches of Butrans 5mcg with 5 refills.