

Case Number:	CM14-0077413		
Date Assigned:	07/18/2014	Date of Injury:	03/28/2008
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 03/28/2008. The mechanism of injury was not provided for clinical review. The diagnosis included cervical radiculopathy, cervical spinal stenosis, lumbar radiculopathy, lumbar spinal stenosis. Previous treatments included medication. Diagnostic studies included an MRI. Within the clinical note dated 04/24/2014, it was reported the injured worker complained of neck pain which radiated down her bilateral upper extremity. She complained of low back pain which radiated down the bilateral lower extremity. The injured worker rated her pain at 6/10 in severity with medication, and 8/10 to 9/10 in severity without medication. Upon the physical examination of the cervical spine, the provider noted tenderness at the cervical spine at C4-7. The provider indicated the injured worker had tenderness upon palpation of the spinal vertebral area at L4-S1 levels. The provider requested Butrans patch and tramadol for pain relief. However, the request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Butrans 20mcg/hr between 3/27/14 and 6/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, page(s) 26-27 Page(s): 26-27.

Decision rationale: The request for 4 Butrans 10 mcg/hr between 03/27/2014 and 06/13/2014 is non-certified. The California MTUS Guidelines note Buprenorphine also known as Butrans patch, is recommended for the treatment of opioid addiction. The guidelines also note Butrans patch is recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of the medication. Additionally, there is a lack of documentation indicating the injured worker was treated for or diagnosed with opioid dependence. Therefore, the request is non-certified.

Tramadol 50mg between 3/27/14 and 6/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for tramadol 50 mg between 03/27/2014 and 06/13/2014 is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The provider failed to document an adequate and complete pain assessment. Additionally, the use of a urine drug screen is not provided or clinical review. Therefore, the request is non-certified.