

Case Number:	CM14-0096810		
Date Assigned:	07/28/2014	Date of Injury:	09/04/2004
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/25/2014

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 60-year-old female who reported a slip and fall on 09/04/2004. On 07/10/2014, her complaints included right leg pain below the knee, described as sharp and stabbing, which was exacerbated by standing, sitting, bending, and lifting, and improved by lying down. There were no diagnoses identified for this worker. Her medications included Tylenol Extra Strength 500 mg, Colace 100 mg, hydrocodone/APAP 5/325 mg, Butrans patch 10 mcg per hour, amitriptyline 10 mg, gabapentin 600 mg, and duloxetine 60 mg. The rationale stated that this worker's pain was not well controlled at the current strength at the Butrans patch, so it was to be increased from 10 mcg per hour to 15 mcg per hour. There was no Request for Authorization in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butran Patch 15mcg/HR #4/28 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95..

Decision rationale: The request for Butran patch 15 mcg per hour #4 over 28 days is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after using the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations including side effects, failed trials of NSAIDs, aspirin, or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, the body part or parts to which these patches were to have been applied, was not specified. Furthermore, there was no frequency of application noted in this request. Therefore, the request for Butran patch 15 mcg per hour #4 over 28 days is non-certified.