

Case Number:	CM14-0188013		
Date Assigned:	11/18/2014	Date of Injury:	12/22/2010
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 67 year old female who was injured on 12/22/2010. The diagnoses are myofascial spasm, neck and low back pain. The MRI of the thoracic spine showed disc bulge with foraminal stenosis. The MRI of the lumbar spine showed multilevel disc bulges and foraminal stenosis. The MRI of the cervical spine showed multilevel degenerative disc disease, spinal stenosis and disc bulges. The pain score was rated at 7-9/10 without medications but 4-6/10 with medications on a scale of 0 to 10. The patient noted that she was able to improve ADL, sleep better, live independently and complete household chores because of the pain relief afforded by the medications. The medications are Butrans and Motrin for pain. The patient is also utilizing Robaxin for muscle spasm. On 5/30/2014, [REDACTED] decreased the Butrans from 10mcg to 5mcg because of complaints of drowsiness. The patient was noted to be compliant. There were no aberrant behaviors reported. A Utilization Review determination was rendered on 11/5/2014 recommending non certification for Butrans patch 5mcg/hr. #4 RF 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

BuTrans 5mcg #4 Ref: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, and Buprenorphine Page(s): 26, 27, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODH guidelines recommend that opioids can be utilized for the treatment of severe pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of addiction, sedation, tolerance and adverse interaction with other sedatives. The records indicate that the patient failed treatment with non opioid medications. There is documented increased ADL with functional restoration with utilization of the medications. The patient was noted to be compliant with no reported aberrant behavior. The patient is able to achieve independent living with utilization of low dose sustained release opioid medication. The criteria for the use of Butrans 5mcg/hr. #4 RF X1 was met.