MAXIMUS Federal Services

Case Number:	CM14-0199764		
Date Assigned:	12/10/2014	Date of Injury:	04/19/2013
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 62 year old female who was injured at work on 04/19/2013. She is reported to be complaining of lumbar backache, bilateral lower extremity radiculopathy pain, and recurrent myofascial strain. She is reported to be dependent on medications. The physical examination revealed painful limited lumbar range of movement. Lumbar MRI dated 04/28/2014 revealed disc herniation and degenerative disc disease. The injured worker was diagnosed of lumbar spine mild degenerative disease and facet arthropathy; persistent severe low back pain with left radicular pain; left sacroiliac joint dysfunction; lumbar spine sprain/strain; reported frequent falls; and chronic pain syndrome. Treatments have included physical therapy, acupuncture, chiropractic care, TENs unit, back brace, Butrans patch, Trazodone, Flexeril and Celebrex. Motrin and Etodolac irritate her stomach; she is allergic to Tylenol#3, Lortab, Cymbalta, Neurontin, and Lyrica. At dispute is the request for Butrans patch 15mcg/hr #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15mcg/hr #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Buprenorphine Page(s): 8, 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Butrans (Buprenorphine)

Decision rationale: The injured worker sustained a work related injury on 04/19/2013. The medical records provided indicate the diagnosis of lumbar spine mild degenerative disease and facet arthropath; persistent severe low back pain with left radicular pain; left sacroiliac joint dysfunction; lumbar spine sprain/strain; reported frequent falls; and chronic pain syndrome. Treatments have included physical therapy, acupuncture, chiropractic care, TENs unit, back brace, Butrans patch, Trazodone, Flexeril and Celebrex. Motrin and Etodolac irritate her stomach; she is allergic to Tylenol#3, Lortab, Cymbalta, Neurontin, and Lyrica. The medical records provided for review do not indicate a medical necessity for Butrans patch 15mcg/hr #40. The MTUS states, that when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. However, the records reviewed indicate that though the injured worker's use of this medication predates 05/2014, the pain has not improved. She has not improved in functioning, neither has she decreased the use of other medications. Therefore, the request for Butrans patch 15mcg/hr #40 is not medically necessary and appropriate.