

Case Number:	CM15-0000471		
Date Assigned:	01/12/2015	Date of Injury:	01/09/2013
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49 year old female who sustained an industrial injury on 01/09/2013. She had reported a lower back injury. The diagnoses have included degenerative joint/disc disease of the lumbar spine, bilateral lumbar radiculopathy, and degenerative joint/disc disease of the right hip. Treatments to date have included physical therapy and medications. Diagnostics to date have included an electromyography and nerve conduction studies which showed chronic left L5, S1 radiculopathy with chronic neurogenic changes noted in the left peroneus longus, extensor digitorum brevis, gluteus maximus, and gluteus medius muscles. Currently, the IW complains of thoracic spine, lumbar spine, and right hip pain. On 11/26/2014, the injured worker submitted an application for IMR for review of Butrans Dis 15mcg #4. On 11/26/2014, Utilization Review non-certified the above request noting a review of submitted documentation failed to provide evidence that the injured worker has tried and failed first line long acting opioids such as generic morphine sulfate. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Dis 15mcg/hr quantity 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans DIS 15 mcg/hr #4 is not medically necessary. Butrans is recommended as an option for treatment for chronic pain in selected (not the first line treatment for all patients). The suggested population includes patients with a hyperalgesic component to pain; patients with centrally mediated pain; patients with neuropathic pain; and patients at high risk of nonadherence standard opioid medications; for analgesia in patients with previously been detoxified from other high-dose opiates. This drug should be reserved for clinicians with experience in its use. Butrans is a schedule III controlled substance. In this case, the injured worker's working diagnoses are Intractable lumbar pain; lumbar radiculopathy; history of knee surgery with residual pain; history of uterine cancer; history of endometriosis; obesity. Subjectively, the injured worker complains of low back pain. Symptoms are increased standing, walking, sitting, bending and twisting. There is associated lower extremity numbness, tingling and weakness. The provider reported the injured worker has not been provided with the medications. There is no sign of over sedation. This information was gathered from a November 19, 2014 progress note. Objectively, there was tenderness of the lumbar paraspinal muscles decreased range of motion. A urine toxicology screen performed November 11, 2014 had inconsistent results. Both hydrocodone and hydromorphone were present in the urine drug screen. The injured worker indicated she took leftover medication from a cancer therapy because nothing else was provided to her. The treating physician stated "based on this explanation, Butrans will be requested. This is not a clinical indication for Butrans. The suggested population includes patients with a hyperalgesic component to pain; patients with centrally mediated pain; patients with neuropathic pain; and patients at high risk of nonadherence standard opioid medications; for analgesia in patients with previously been detoxified from other high-dose opiates. The documentation indicates the injured worker did not receive her medications. Consequently, absent clinical documentation/rationale to support Butrans, Butrans DIS 15 mcg/hr #4 is not medically necessary."