

Case Number:	CM15-0002700		
Date Assigned:	01/13/2015	Date of Injury:	08/01/2013
Decision Date:	03/13/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old female who reported an injury on 08/01/2013. There was a Request for Authorization submitted for review dated 12/23/2014. The documentation of 12/23/2014 revealed the injured worker had utilized acupuncture. The injured worker had complaints of low back pain which radiated down into the bilateral lower extremities, rated a 7/10 to 8/10 on the VAS. The injured workers current medications included Ultram 50 mg tablets, Fexmid 7.5 mg tablets, and Duexis 800/26.6 mg tablets. Tylenol with Codeine was noted to be discontinued. The physician documented that the injured worker should start Butrans 15 mcg/hour patch and apply 1 patch every 7 days for a quantity of 4. The physical examination revealed the injured worker had slight difficulty walking on her heels and toes due to pain and balance. There was palpable tenderness in the midline lower lumbar spine. There was decreased sensation over the left L4, L5, and S1 dermatomes. The injured worker had decreased range of motion in the lumbar spine. The injured worker had strength of 4/5 on the left in hip flexion, hip abduction, knee flexion and extension, ankle dorsiflexion in the extensor hallucis longus. The documentation indicated the injured worker underwent an MRI of the lumbar spine on 09/25/2013 and x-rays of the lumbar spine on 10/01/2013, as well as an MRI of the lumbar spine on 10/14/2014. The findings were noncontributory to the requested medication. The diagnoses included left leg radiculopathy, L4-5 annular tear and mild bulge, and mild lateral recess stenosis at L4-5. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 15mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. There was documentation the injured worker would undergo random urine drug screens to verify medication compliance. The injured worker was noted to be monitored for side effects. There was, however, a lack of documentation indicating objective functional improvement and an objective decrease in pain with the use of opiates. The requested medication is in the opiate classification. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Butrans patch 15 mcg #4 is not medically necessary.