

Case Number:	CM15-0005438		
Date Assigned:	01/29/2015	Date of Injury:	11/10/2003
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/10/2015

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 43 year old male with an industrial injury dated 11/10/2003. At presentation on 12/23/2014 he was complaining of lumbar pain. He rated pain as 3-4 with medication. Physical exam revealed tenderness of the iliac spine. The injured worker could bend below the knee area but after that it was painful. Extension was restricted and painful. Prior treatments include physio therapy, home exercise program, lumbar laminectomy and discectomy at lumbar 4-5 and lumbar 5-sacral 1, posterior interbody fusion lumbar 5-sacral 1, chiropractic treatments and medications. Diagnoses: Lumbar spine surgeries times 3, Lumbar strain Insomnia. On 12/30/2014 the request for Butran 10 mcg/hr patch # 4 with one refill was modified to a certification of 1 prescription of Butran 10 mcg/hr # 2 with no refill by utilization review. MTUS and ODG were cited. The request for CT scan of the lumbar spine was non-certified by utilization review. ACOEM was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr patch #4 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS , Butrans Buprenorphine Page(s): 76-78, 88-89, 26.

Decision rationale: The patient presents with pain and weakness in his lower back. The request is for BUTRANS 10MCG/HR PATCH #4 WITH 1 REFILL. The 12/23/14 reports states that with the assistance of the medication and the patches pain will go down to 3-4 on 0-10 scale. This previous month he did not receive the patches and he is finding a little bit more difficult to deal with his pain. The treater has kept prescribing Butrans patches since at least 11/26/13. The utilization review letter on 12/30/14 modified the request for Butrans #4 with 1 refill to #3 with 0 refill. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's , analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Regarding Butrans Buprenorphine, MTUS Guidelines page 26 states, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." In this case, the patient has been utilizing Butrans patch since at least 11/26/13. The 12/23/14 reports states that with the assistance of the medication and the patches pain will go down to 3-4 on 0-10 scale. Other than this statement, the treater does not provide any documentation of ADL's to show significant improvement. No UDS's are provided or CURES report showing opiate management. There is no history of detoxification or prior opiate addiction. The request IS NOT medically necessary.

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, CT scans

Decision rationale: The patient presents with pain and weakness in his lower back. The patient is s/p 3 spinal surgeries. The dates or the names of surgeries are not known. The request is for CT SCAN OF THE LUMBAR SPINE. MRI of the lumbar spine reveals 1) Grade II spondylolisthesis of L5 on S1. Probable bilateral pars defect 2) disc desiccation at L3/4 with a 2.8mm disc bulge that measures 2mm in flexion and 2,8mm in extension. The date of MRI is not known. ODG guideline, under low back chapter, only supports CT following spine trauma with equivocal or positive plain films, neurological deficits, fractures, myelopathy, pars defects and to evaluated successful fusion if plain films do not confirm fusion. In this case, the treater requests for CT scan because the patient has plates in his spine. ODG does not recommend CT scan of the lumbar spine unless there is lumbar spine trauma with neurologic deficit, or seat belt trauma with chance of fracture. There is no documentation that patient presents with aforementioned indications. Therefore, the request IS NOT medically necessary.

