MAXIMUS Federal Services

Case Number:	CM15-0102995		
Date Assigned:	06/05/2015	Date of Injury:	10/09/2006
Decision Date:	07/21/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/28/2015

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: Indiana, Michigan, California
Certification(s)/Specialty: Family Practice

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 44 y/o male that experienced a work related injury on 10/9/2006. He subsequently underwent treatments that included a lumbar spine fusion on 10/7/2010, lumbar hardware injections on 11/21/2013, and acupuncture as well as medication therapy. Radiology evaluation included a CT myelogram on 7/13/2009 showing disc protrusions of the lumbar spine, MRI of the lumbar spine on 6/17/2010 revealing disc protrusions & moderate central canal stenosis & CT of the lumbar spine on 8/22/2012 consistent with fixation & graft placement with severe foraminal narrowing of the lower lumbar spine. Diagnoses are chronic low back pain, lumbar fusion surgery with residual neuroforaminal narrowing, arachnoiditis, lower extremity radiculopathy & depression. The request is for Butrans patch 10 mcg/hr #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg/hr #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Opioids for chronic pain Page(s): 76-81.

Decision rationale: Opioids have a role in the management of chronic pain but require "ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects." The use of drug screening also plays an important role. In this case, urine drug screens were performed and revealed findings of significant concern. Chart review indicated a urine drug screen on 2/20/2014 was negative for all substances even though the injured worker is on chronic Butrans therapy. Urine drug screen on 8/4/2014 was negative for opioids and Butrans was not part of the pain panel even though the injured worker is on chronic Butrans therapy. Urine drug screen on 3/30/2015 showed Butrans as "not detected" indicating that Butrans is no longer being taken even though it is currently prescribed. Under the Chronic Pain Medical Treatment Guidelines, discontinuation of opioids is considered with non-adherence and when medication contracts are not followed. Therefore, Butrans patch 10 mcg/hr #4 is not medically necessary or appropriate.