MAXIMUS Federal Services

Case Number:	CM15-0109258		
Date Assigned:	06/15/2015	Date of Injury:	08/21/1997
Decision Date:	07/20/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	06/05/2015

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 55 year old female, who sustained an industrial injury on 8/21/97. The injured worker has complaints of cervical pain. The documentation noted that the neck pain is described as aching, burning, tender, throbbing, tingling and numbness. Back pain is described as aching, burning, stabbing, throbbing and shooting. The documentation noted that the neck exam reveals pain to palpation over the C2 to C3, C3 to C4 and C4 to C5 facet capsules, bilateral secondary myofascial pain with triggering, ropey fibrotic banding and spasm. The diagnoses have included cervical pain; chronic lumbosacral spinal pain and cervical spinal pain status post fusion for spondylolisthesis. Treatment to date has included injections; norco; neurontin; naprosyn; butrans and magnetic resonance imaging (MRI) of the lumbosacral spine shows postoperative changes bilateral at L4 and bilateral S1 (sacroiliac) pedicle screws with no left L5 pedicle screws, but a pedicle screw is lateral to the right L5 pedicle. The request was for butrans patch 20mcg #4 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20 MCG #4 with 3 Refills: 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 Buprenorphine Page(s): 76-78, 88-89, 26-27.

Decision rationale: The patient was injured on 08/21/97 and presents with cervical spine pain and back pain which radiates to the right leg and hip. The request is for BUTRANS PATCH 20 MCG #4 WITH 3 REFILLS. There RFA provided is dated 05/05/15 and the patient is permanent and stationary. The patient has been using these patches as early as 05/12/14. For chronic opioid use in general, MTUS guidelines pages 88 and 89, state, "The patient 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 4 As (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, times it takes for medication to work, and duration of pain relief. For buprenorphine, MTUS, pages 26-27, specifically recommends it for treatment of opioid addiction and also for chronic pain. On 05/12/14, she rated her neck pain as a 6/10 and her low back pain as a 7/10. The 12/01/14 and 02/05/15 reports indicate that she rated her pain as a 6/10 for the neck and a 5/10 for the low back. "There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADRS reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS on December 01, 2014 the most recent was WNL as they all are." On 05/05/15, she rated her neck pain as a 5/10 and her low back pain as a 6/10. In this case, the treater discusses side effects/aberrant behavior; however, not all of the 4 As are addressed as required by MTUS guidelines. Although there are general pain scales provided, there are no before-and-after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. The patient is consistent with her urine drug screen; however, there are no pain contracts on file. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Butrans Patch IS NOT medically necessary.