MAXIMUS Federal Services

Case Number:	CM15-0135933		
Date Assigned:	07/23/2015	Date of Injury:	12/13/2003
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/14/2015

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: Arizona, 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 46 year old female, who sustained an industrial injury on December 13, 2003. The injured worker was diagnosed as having lumbosacral spondylosis, lumbar degenerative disc disease (DDD), spinal stenosis, back pain and sciatica. Treatment to date has included sacroiliac joint injection, knee arthroscopy, lumbar surgery, medication and therapy. A progress note dated June 1, 2015 provides the injured worker complains of back pain radiating down the left leg. She rates the pain 7/10 and notes she has not had Butrans or Tramadol. Physical exam notes a non-antalgic gait. The plan includes Tramadol and Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg, #4 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenoprhine Page(s): 26-27.

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant had been on Butrans for over 2 years in combination with Norco and Tramadol. Prolonged use is not justified as the claimant persisted to have pain "100%" of the day. As a result, the use of Butrans patches is not medically necessary.

Tramadol 50mg, #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. The claimant had been on Butrans for over 2 years in combination with Norco and currently Tramadol. Prolonged use is not justified as the claimant persisted to have pain "100%" of the day. No one opioid is superior to another. As a result, the use of Tramadol is not medically necessary.