

Case Number:	CM15-0146151		
Date Assigned:	08/07/2015	Date of Injury:	10/10/2002
Decision Date:	09/24/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 40 year old male injured worker suffered an industrial injury on 10-10-2002. The diagnoses included lumbar disc displacement without myelogram, lumbar post-laminectomy syndrome. The treatment included medications and intrathecal trail. The diagnostics included thoracic and lumbar magnetic resonance imaging and lumbar computerized tomography myelogram. On 7-1-2015, the treating provider reported an altered gait and decreased sensation from the right sacroiliac joint. The injured worker had not returned to work. The requested treatments included Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10 mcg/hr, Qty 4 (unspecified refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Butrans patch 10 mcg/hr, Qty 4 (unspecified refills). The RFA is from 07/01/15. The treatment included medications and intrathecal pain pump trial. The patient is not working. MTUS Guidelines pages 88 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 4As (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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 07/01/15, the patient has diagnoses which included lumbar disc displacement without myelogram, lumbar post-laminectomy syndrome. The patient presents with chronic low back pain altered gait and decreased sensation from the right sacroiliac joint. The request is for a refill of Butrans Patches, which the patient has been utilizing since 01/15/15. Per report 02/15/15, "he is not getting great response to pain medication although he does get some pain reduction with increases in dosage of the Butrans." The patient was given a UDS on this date. On 03/11/15, the patient report that his chronic pain is managed with Butrans. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show functional improvement and there are no documentation regarding adverse effects and aberrant drug behavior. A UDS was administered on 03/11/15, but no CURES or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.