

Case Number:	CM15-0169363		
Date Assigned:	09/10/2015	Date of Injury:	12/02/1965
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/27/2015

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 77-year-old male, who sustained an industrial injury on December 2, 1965. He reported twisting his back. The injured worker was diagnosed as having chronic multifactorial lumbar and lower extremity pain through the feet. Medical records (January 12, 2015 to August 6, 2015) indicate worsening of chronic low back and bilateral lower extremity stabbing and burning pain with numbness, which is worsened by any activity requiring weight bearing and is minimally relieved by sitting. His average pain in the last week was rated 6-9 out of 10 and worst pain in the last week was 7-10 out of 10. His pain medication provided 0-25% improvement. Records also indicate there was a low risk for opioid abuse for the injured worker, he had signed an opioid prescribing agreement, and he agreed not to get controlled substances from other provider. Per the treating physician (August 6, 2015 report), the injured worker is retired. The physical exam (on August 6, 2015) reveals changing station with difficulty ambulating with a slow and stiff gait, limited truncal range of motion through all planes of movement, substantial decreased sensation through the bilateral L5 (lumbar 5) and to a lesser degree S1 (sacral 1) dermatome distribution with numbness also noted through the plantar and dorsal aspects of the feet. Surgeries to date have included a laminectomy in 1965. Treatment has included aa home exercise program, epidural steroid injections, facet injections, a back brace, transcutaneous electrical nerve stimulation (TENS), acupuncture, chiropractic therapy, and medications including steroidal, antidepressant, short-acting and long-acting oral opioid pain, topical pain, steroidal, transdermal opioid pain (Butrans patch since at least 2012), anti-epilepsy, and non-steroidal anti-inflammatory. On June 8, 2015, a urine drug screen was positive for THC

(Tetrahydrocannabinol), opiates, and buprenorphine. The requested treatments included Butrans patch 20mcg #4 with 2 refills. On August 24, 2015, the original utilization review non-certified a request for Butrans patch 20mcg #4 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20mcg #4 with 2 refills: 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): Buprenorphine for chronic pain. (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 12/02/65 and presents with chronic low back radicular pain. The request is for Butrans patch 20 mcg #4 with 2 refills. The RFA is dated 08/17/15 and the patient's current work status is not provided. He has been using this patch as early as 01/12/15 and treatment reports are provided from 01/12/15 to 08/06/15. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, 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. MTUS, criteria for use of opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Guidelines, Buprenorphine, pages 26-27 specifically recommends it for treatment of opioid addiction and also for chronic pain. On 01/02/15, the patient rated his pain as a 6/10 on average and a 7/10 at its worst. On 02/09/15, he rated his pain as an 8/10 and "the 4A's were reviewed with the patient remaining low-to-moderate risk for opioid abuse." The 04/09/15 report states that the patient rates his pain as a 9/10 on average and a 10/10 at its worst. The 06/08/15 report indicates that he rates his pain as a 9/10. The 08/06/15 report states, "The patient has signed opioid agreement with this clinic and has agreed not to get controlled substances for pain from other providers." In this case, none of the 4A's is 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 neither

demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Butrans patch is not medically necessary.