

<b>Case Number:</b>	CM15-0186523		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 31 year old female, who sustained an industrial injury on 3-5-2012. The medical records indicate that the injured worker is undergoing treatment for severe axial back pain, radiculopathy with severe degeneration at L4-5 and grade 1 spondylolisthesis and disc collapse, moderate discogenic disease at L3-4, possible elevated liver enzymes secondary to prolonged medication usage, and status post left L4-5 decompression (2013). According to the progress report dated 7-14-2015, the injured worker presented with complaints of persistent pain in the low back with radiation down both legs. On a subjective pain scale, she rates her pain 4 out of 10 with medications and 9 out of 10 without. The physical examination of the lumbar spine reveals decreased range of motion in all planes, tenderness over the midline and paraspinal musculature, positive straight leg raise and Kemp's sign bilaterally, and decreased sensation on the left at L4 and L5. The current medications are Diclofenac, Soma, and Omeprazole. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, physical therapy, transforaminal nerve root injections, and surgical intervention. Work status is described as not working. The original utilization review (9-3-2015) had non-certified a request for Butrans.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10 mcg, four count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for butrans is not medically necessary or substantiated in the records.