

Case Number:	CM15-0187360		
Date Assigned:	10/02/2015	Date of Injury:	05/04/2007
Decision Date:	11/16/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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(n) 52 year old female, who sustained an industrial injury on 5-4-07. The injured worker was diagnosed as having multilevel lumbar spondylosis, status post bilateral carpal tunnel release, right knee internal derangement, bilateral shoulder derangement and status post closed head trauma in 2007. The physical exam on 3-4-15 revealed sacroiliac joint tenderness with restricted gait. Treatment to date has included psychiatric treatments and a right sacroiliac joint rhizotomy in 4-2014. Current medications include Nuvigil, Melatonin, Topamax, Sucralfate, Klonopin and Butrans patch (since at least 3-4-15). As of the PR2 dated 8-11-15, the injured worker reports 8 out of 10 pain throughout her entire body. She indicated that she has been out of her Butrans patch for four days and is starting to have withdrawal symptoms. There is no physical examination, only a detailed history of the injury. The treating physician noted that the injured worker's medical issues were too complex for his clinic and referred her to a larger practice. The treating physician requested Butrans patch 15mcg #4. On 8-13-15, the treating physician requested a Utilization Review for Butrans patch 15mcg #4. The Utilization Review dated 8-24-15, non-certified the request for Butrans patch 15mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 15 MCG #4: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with worsening depression and chronic pain symptoms. The request is for butrans patch 15 MCG #4. The request for authorization is dated 08/13/15. Physical examination reveals well-healed right anterior neck incision. She continues with moderate-to-severe right greater than left SI joint tenderness with restricted gait. She is reporting no benefit from the cervical spine surgery with increasing right upper extremity pain and weakness. Per progress report dated 04/02/15, the patient remains TTD. 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 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. MTUS, criteria for use of opioids Section, p77, 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." Treater does not specifically discuss this medication. The patient has been prescribed Butrans at least since 03/24/15. In this case, treater has not stated how Butrans reduces pain and significantly improves patient's activities of daily living. There are no before and after pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.