

Case Number:	CM15-0190630		
Date Assigned:	10/02/2015	Date of Injury:	09/11/2009
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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 injured worker is a 37 year old female, who sustained an industrial injury on 9-11-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, sciatica, lumbar radiculitis, and lumbar degenerative disc disease. On 8-26-2015, the injured worker reported pain radiating down the right leg rated 4 out of 10 on the visual analog scale (VAS), with associated weakness, numbness, spasms, and stiffness, and tingling in her foot and toes. The Secondary Treating Physician's report dated 8-26-2015, noted the injured worker reported minimal relief with activity modification, non-steroid anti-inflammatory drugs (NSAIDs), and "previous conservative therapies greater than 12 weeks." The pain was noted to interfere with the injured worker's activities of daily living (ADLs). The physical examination was noted to show L3-L4 paralumbar muscle spasms and bilateral tenderness, with lumbar limited range of motion (ROM) on flexion-extension and lateral rotation with sensation decreased on the right L3-L5 dermatome levels and positive right straight leg raise. Prior treatments have included radiofrequency right lumbar facet neurotomy at L4-L5 and L5-S1 on 3-30-2015 and 5-4-2015, physical therapy, aquatic therapy, psychotherapy, chiropractic treatments, home exercise program (HEP), and medications including muscle relaxants and non-steroid anti-inflammatory drugs (NSAIDs) and Norco, Zanaflex, Zantac, Protonix, Carafate, Venlafaxine, Phenergan, Temazepam, Lidoderm patches, Celebrex, Robaxin, Medrol, acupuncture, Flexeril, Meclizine, Klonopin, Neurontin, Darvocet, Tramadol, Vicodin, Amitriptyline, medical cannabis, and Butrans patch prescribed since at least 7-2-2015. The treatment plan was noted to include continued home exercise program (HEP), a urine drug

screen (UDS), and discussion on the urine drug screen (UDS) and narcotic agreement with the injured worker. The injured worker was instructed to remain off work. The request for authorization dated 9-3-2015, requested Butrans Dis 10 mcg/hr #4, apply 1 patch every 7 days. The Utilization Review (UR) dated 9-14-2015, modified the request for Butrans Dis 10 mcg/hr #4, apply 1 patch every 7 days to one prescription of Butrans Dis 10 mcg/hr #4, apply 1 patch every 7 days for the purposes of weaning to discontinue with a reduction by 10%-20% per week over a weaning period of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Dis 10 mcg/hr #4 apply 1 patch q7 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Opioids, criteria for use.

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 low back pain radiating to the bilateral lower extremities. The request is for Butrans dis 10mcg/hr #4 apply 1 patch q7 days. Patient is status post microlumbar decompression surgery, 04/06/10. Physical examination to the lumbar spine on 07/29/15 revealed tenderness to palpation the paraspinal muscles with spasm. Per 08/26/15 progress report, patient's diagnosis include lumbar radiculitis, sciatica, lumbago, and lumbar DDD. Patient's medications, per 07/02/15 progress report include Norco and Lyrica. Patient's work status was not specified. 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." 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." Treater has not specifically discussed this request; no RFA was provided either. A prescription for Butrans Patch was first noted in progress report dated 07/02/15 and it appears that the patient has been utilizing it since then, along with Norco - another opioid. In this case, the treater does not document its impact on other opioid therapy, as there are no records indicating a decrease in utilizing Norco. The treater

has not discussed how the Butrans Patch significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument has been used to show functional improvement. While CURES and UDS are current and consistent with patient's medications, there are no discussions regarding aberrant behavior. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.