

Case Number:	CM15-0196664		
Date Assigned:	10/12/2015	Date of Injury:	02/28/2011
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 2-28-11. The injured worker was diagnosed as having CRPS of the left lower extremity and chronic low back pain with radiculopathy. Medical records (5-6-15 through 8-27-15) indicated 4-10 out of 10 pain in the left lower extremity. The physical exam (6-3-15 through 8-27-15) revealed hyperesthesia, allodynia and hyperpathia of the left lower extremity and an antalgic gait. As of the PR2 dated 9-10-15, the injured worker reports fluctuating, varying amount of burning, tingling, stabbing pain and swelling of the left ankle and foot. Objective findings include full weight bearing on left lower extremity, decreased sensation over the sole using a monofilament test and trace edema in the left leg. There is no documentation of current pain level or pain levels with and without medications. Current medications include Lyrica, Trazodone and Butrans (since at least 6-3-15). Treatment to date has included a left L2-L3 sympathetic block on 8-27-15 and Percocet. The treating physician requested Butrans 5mg #4. The Utilization Review dated 9-22-15, non-certified the request for Butrans 5mg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin), Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Opioids, criteria for use, Opioids for chronic pain.

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

Decision rationale: The patient suffered an industrial injury in 2012 resulting in chronic low back pain with left lower extremity radiculopathy and chronic regional pain syndrome. The request is for ongoing Butrans for chronic pain. In this case, there is no ongoing monitoring of the "4 A's" according to the criteria for ongoing opioid use. There are also no urine drug screens submitted to insure compliance. Ongoing opioids may be approved if there is documentation of significant pain relief, functional improvement and return to work. This patient has not returned to work. In general, long-term use of opioids is not supported. At a 9/15/2015 visit it was noted that the patient had received remarkable improvement from a lumbar sympathetic block, making it unclear why Butrans should be continued. Previous weaning from the Butrans has been recommended and sufficient time has elapsed to accomplish the weaning process. Therefore the request for ongoing Butrans is not medically necessary or appropriate.