

Case Number:	CM15-0196865		
Date Assigned:	10/12/2015	Date of Injury:	03/06/2015
Decision Date:	11/25/2015	UR Denial Date:	08/31/2015
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

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 43 year old male, who sustained an industrial injury on March 6, 2015. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having thoracic sprain and strain and lumbar radiculopathy. Treatment to date has included diagnostic studies, chiropractic treatment with good relief and medication. On July 2, 2015, the injured worker complained of back pain mostly in his mid-back that he currently rated as an 8 on a 1-10 pain scale. His mid-back pain was described as a constant ache with occasional stabbing pain. The pain increases with twisting, lifting or bending. He also reported some aching pain in his lower back rated as a 6 on the pain scale. He reported cramping across the low back and occasional numbness and tingling in the left toes. The injured worker also reported his sleep to be interrupted secondary to pain. Gastrointestinal upset was noted with numerous medications. The treatment plan included eight visits of acupuncture for the back, follow-up visit, MRI of the lumbar spine, internal medicine consultation, laboratory evaluation and medications, including Butrans patch 10mcg #4. On August 31, 2015, utilization review denied a request for Butrans DIS 10mcg/hr #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 10mcg/HR #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

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 was injured on 03/06/15 and presents with mid back and low back pain. The request is for Butrans DIS 10mcg/HR #4. There is no RFA provided and the patient is not currently working. The patient has been using this patch as early as 07/02/15. Treatment reports are provided from 03/27/15 to 08/03/15. 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 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." MTUS Guidelines, Buprenorphine, pages 26-27 specifically recommends it for treatment of opioid addiction and also for chronic pain. On 07/02/15, the patient rated his pain as a 2-9/10 and on 08/03/15, he rated his pain as a 6-7/10. In this case, not all of the 4 As are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. 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.