

Case Number:	CM15-0199655		
Date Assigned:	10/13/2015	Date of Injury:	06/28/2006
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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: 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 43 year old female who sustained an industrial injury June 28, 2006. Past history included laminectomy L5-S1 2007 and gastritis. According to a primary treating physician's progress report dated September 8, 2015, the injured worker presented for evaluation of low back pain. She reports that Butrans and Tylenol #3 she uses for breakthrough pain, taking her levels from 8-9 out of 10 to 7 out of 10. She reports 7 out of 10 pain is tolerable, and she is able to function around the house. Nexium relieves her heartburn and she is able to eat. Current medication included Butrans patch, Tylenol #3 (both ordered since January 12, 2015), Colace, Effexor, Nexium, and Lidoderm patch. Objective findings; she is walking unassisted; tenderness over the lumbar paraspinal musculature with light palpation and pain with lumbar extension. Diagnoses are post-laminectomy syndrome; persistent low back pain, right greater than left lower extremity radicular pain; gastritis due to NSAID (non-steroidal anti-inflammatory drugs) use; neck and shoulder pain since 2008. At issue, is the request for authorization dated September 15, 2015 for Butrans patch and Tylenol #3. According to utilization review dated September 25, 2015, the request for Nexium 20mg #60 with (2) refills is certified. The request for Butrans patch 5mcg #4 with (2) refills was modified to Butrans patch 5mcg #4 with (1) refill. The request for Tylenol #3 #120 with (2) refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Butrans patch 5mcg #4 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Buprenorphine for chronic pain (2015).

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time with pain only decreased form a 8/10 to a 7/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

1 prescription of Tylenol #3 Qty: 120 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time with pain only decreased form a 8/10 to a 7/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.