

Case Number:	CM15-0206674		
Date Assigned:	10/23/2015	Date of Injury:	12/06/2012
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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:

This 75 year old male sustained an industrial injury on 12-8-12. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome with ongoing back, neck and shoulder pain secondary to a traumatic fall with multiple musculoskeletal injuries, aortic vascular injuries, rib fractures, compression fractures and bilateral pneumothorax. Previous treatment included physical therapy, acupuncture, heat, ice, home exercise, rest and medications. In a progress note dated 9-23-15, the injured worker complained of pain rated 7 to 8 out of 10 on the visual analog scale without medications and 3 out of 10 with medications. The injured worker reported having right neck pain that radiated down the back and right arm. Recent acupuncture did not provide lasting benefit. The physician noted that current medication, rest and activity restriction kept pain within a manageable level to allow him to complete activities of daily living. Physical exam was remarkable for cervical spine with moderate pain from the neck to down the right arm, restricted range of motion and positive Spurling's, thoracic spine with restricted range of motion, bilateral ribs with increased diffuse pain, lumbar spine with "significant" tenderness to palpation and spasm in the paraspinal musculature and ligaments with "markedly" limited range of motion and right shoulder with moderate tenderness to palpation. Neurologic exam revealed some diffuse cold sensation in the left arm, hypoesthesia of the left hand, right hand dysesthesia and 1+ deep tendon reflexes in the biceps, triceps, brachioradialis and patellar and ankle jerks. The physician noted that the injured worker was in "excruciating, unbearable" pain during the office visit and was unable to sit through the exam. The physician noted that chronic pain medication regimen and rest continued to keep pain within a

manageable level allowing for increased activity tolerance and restoration of partial overall functioning. The treatment plan included requesting authorization for Butrans patch, six chiropractic therapy sessions and continuing current medications (Neurontin, Norco, Cymbalta, Tylenol PM and Lidoderm patch). On 10-8-15, Utilization Review noncertified a request for Butrans 20mg per hour #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg/hr #4: Upheld

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

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

Decision rationale: Based on the 9/23/15 progress report provided by the treating physician, this patient presents with right-sided neck pain radiating down his back and right arm rated 7-8/10 without medications and 3/10 with medications. The treater has asked for Butrans 20mcg/hr #4 on 9/23/15. The request for authorization was not included in provided reports. The patient is s/p traumatic fall with multiple musculoskeletal injuries in addition to aortic vascular injuries, rib fractures, and T6 compression fracture per 8/26/15 report. The patient is stated to be sensitive to NSAIDs, and a trial of Cymbalta resulted in nausea and was discontinued per 9/23/15 report. The patient does not have a significant surgical history relating to the neck/back/arms per review of reports. The patient's work status is not included in the provided documentation. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states that "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, page 77, 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." The treater does not discuss this request in the reports provided. The patient has been using Butrans since 7/29/15 report and in subsequent reports dated 8/26/15 and 9/23/15. The patient states that his current medications, which include Butrans, reduce his pain from 7-8/10 to 3/10 per 9/23/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.