

Case Number:	CM15-0020771		
Date Assigned:	02/11/2015	Date of Injury:	08/10/2008
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 is a female injured worker who sustained an industrial injury on August 10, 2008. She has reported pain, numbness and tingling in the bilateral upper extremities, cervical spine and lower back. The diagnoses have included chronic cervical strain, upper extremity tendinitis and bilateral cervical radiculopathy. Treatment to date has included diagnostic studies, physical therapy and medications. Currently, the injured worker complains of neck pain, back pain, sciatica and bilateral upper extremity pain. She reported extreme lower back pain with radicular symptoms into her lower extremity, specifically posterior laterally into the left leg all the way to the foot. Notes stated that she has been off work for some time due to pain exacerbation and without the Butrans patch, she has to stay off work. Norco has been prescribed to control her pain level but she is experiencing GI upset from use of this medication. On January 6, 2015, Utilization Review non-certified Butrans 5mcg/hr patch #4 and lumbar brace, noting the CA MTUS/ACOEM and Official Disability Guidelines. On February 4, 2015, the injured worker submitted an application for Independent Medical Review for review of Butrans 5mcg/hr patch #4 and lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch, four count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): page(s) 76-79>.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Butran is recommended to treat opioid addiction and to manage pain after detoxification in patients with a history of opioid addiction. It also used for patient who need opioids around the clock for extended period of time. There is no clear documentation that the patient is suffering from opioid addiction or is detoxified from the use of opioids. There is no documentation that the patient condition is requiring continuous administration of opioids. Therefore, the request for Butrans patch, four count is not medically necessary.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Lumbar Brace is not medically necessary.

