MAXIMUS Federal Services

| Case Number: | CM15-0027699 | | |
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| Date Assigned: | 02/20/2015 | Date of Injury: | 06/05/2001 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

## 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 61 year old female, who sustained an industrial injury on 6/05/2001. The diagnoses have included lumbar radiculopathy, lumbar post laminectomy syndrome, myofascial pain syndrome, and chronic pain syndrome. Treatment to date has included medications, physical therapy, modified activity and left foraminal epidural steroid injections (4/28/2014 and 5/05/2014). Currently, the IW complains of low back pain with radiation down the left lower extremity. Objective findings included limited range of motion in flexion, extension, lateral bending and rotation. There is decreased sensation to touch in the left lower extremity but improved with Neurontin. On 1/26/2015, Utilization Review non-certified a request for Butrans patch 7.5mg #4 and modified a request for lab blood tests (CMP and Sed rate) noting that the clinical findings do not support the medical necessity of the treatment. The MTUS, ACOEM Guidelines and ODG were cited. On 2/13/2015, the injured worker submitted an application for IMR for review of Butrans patch 7.5mg #4 and lab blood tests.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 7.5 mg #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter on Butrans.

**Decision rationale:** BUTRANS PATCH 7.5 MG QUANTITY 4: This patient presents with low back pain radiating to the left lower extremity. The patient is status post lumbar epidural steroid injection from 05/05/2014. The treater is requesting butrans patch 7.5 mg quantity 4. The RFA dated 11/20/2014 shows a request for Butrans patch 7.5 mcg quantity 4. The patient's date of injury is from 06/05/2001, and she is currently temporarily totally disabled. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Pain chapter recommend Butrans as an option for treatment of chronic pain in selected patients. Also, it is suggestive for patients with hyperalgesic component to pain, centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opiate maintenance, for analgesia in patients who have previously been detoxified from other high-dose opioids. Butrans patch contains buprenorphine, an opiate pain medication, use to treat moderate to severe chronic pain. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Butrans patch prior to 11/24/2014. The 11/24/2014 report shows that the patient's pain level without medication is 5/10 to 6/10 and 3/10 to 4/10 with pain medications. The urine drug screens from 09/04/2014 to 11/10/2014 show inconsistent and inconclusive results to prescribe medications. None of the reports discuss specifics regarding activities of daily living. There are no reports of side effects. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.

**Lab blood tests-sed rate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring Page(s): 70.

**Decision rationale:** This patient presents with low back pain radiating to the left lower extremity. The patient is status post lumbar epidural steroid injection from 05/05/2014. The treater is requesting lab blood test, sed rate. The RFA dated 11/20/2014 shows a request for blood test comprehensive metabolic panel. The patient's date of injury is from 06/05/2001, and she is currently temporarily totally disabled. The MTUS, ACOEM, and ODG Guidelines do not

specifically discuss routine CBC testing; however, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating labs after this treatment duration has not been established." The records do not show any previous lab test. The patient's current medications include morphine, Soma, Neurontin, Dilaudid, and lidocaine. In this case, the patient is currently not on NSAIDs and the guidelines only recommend CBC monitoring for patients taking NSAIDs. The request is not medically necessary.