

Case Number:	CM15-0028863		
Date Assigned:	02/19/2015	Date of Injury:	08/21/1997
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 54-year-old female who sustained an industrial injury on 8/21/97 involving her back. She is currently experiencing neck pain and stiffness with pain intensity of 7/10; back stiffness, radicular pain in the right leg and hip pain with pain intensity of 5/10. Medications are Norco, Butrans, benzapril, amytriptyline, Naprosyn, dexilant, Neurontin, aspirin. Her urine drug screen (12/1/14) was consistent with medications prescribed. When she tries to decrease pain medication her functional ability decreases. Diagnoses include status post lumbar hardware removal (67/24/14) with 60% improvement in axial lumbar spinal pain.; post laminectomy syndrome of lumbar region; cervical spondylosis with myelopathy, status post fusion; spondylosis with myelopathy lumbar region. Treatments to date include cervical intrarticular facet injections; lumbar hardware injection; home exercise program; medications which offer relief of pain. Diagnostics included MRI of lumbosacral spine; MRI of the cervical spine; computed tomography myelogram (2/26/10). In the progress note dated 1/7/15 the treating provider is requesting Butrans 20 mcg #4 with 3 refills due to ongoing pain issues and urges the injured worker judicious use of narcotics. On 1/27/15, Utilization Review non-certified the request for Butrans 20 mcg #4 with 3 refills citing MTUS: Chronic pain Medical treatment Guidelines: Buprenorphine for Chronic pain and ODG: Pain: Chronic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg/hr #4 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: Utilization review provided the rationale that the treatment with Butrans 20 mcg/hr patch, one per week, is medically necessary. Utilization review recommended modification of this request to not certify the three refills because the injured worker would need periodic reevaluation to determine if Butrans patch is still necessary. The MTUS Guidelines explain that the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. If the physician prescribes a medication for an indication not in the approved FDA labeling, he or she has the responsibility to be well informed about the medication and that its use is scientific and evidence-based. When effective, medications provide a degree of analgesia that permits the patients to engage in rehabilitation, improvement of activities of daily living, or return to work. The injured worker is noted to be scheduled for follow up evaluation in one month, therefore one month of medications should be prescribed, not four months. The request for Butrans 20 mcg/hr #4 with 3 refills is determined to not be medically necessary.