

Case Number:	CM15-0211437		
Date Assigned:	10/30/2015	Date of Injury:	03/23/2008
Decision Date:	12/14/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female with a date of injury of March 23, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, and arthropathy of lumbar facet joint. Medical records dated August 3, 2015 indicate that the injured worker complained of lower back pain, right hip pain, and right leg pain rated at a level of 10 out of 10 and 5 to 6 out of 10 with medications. Records also indicate that the injured worker reported that pain interfered with her daily activities and overall functioning. A progress note dated October 6, 2015 documented complaints similar to those reported on August 3, 2015. The physical exam dated August 3, 2015 reveals severe pain to touch and with movement of the lumbar spine, positive straight leg raise, decreased range of motion of the lumbar spine, hypoesthesia over the bilateral feet, and severe dysesthesia on the bottom of the left foot that wraps around to the ankle. The progress note dated October 6, 2015 documented a physical examination that showed no changes since the examination performed on August 3, 2015. Treatment has included medications (Dilaudid since at least September of 2015; Lyrica). The injured worker's work status and urine drug screen results were not documented in the submitted records. The utilization review (October 23, 2015) non-certified a request for Dilaudid 4mg #110 and Butrans patches 20mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg, #110: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The claimant sustained a work injury in March 2008 and underwent a lumbar fusion in February 2009 which helped with back and leg pain. When seen, she was being treated for bilateral neuropathic pain extending from her feet to her knees. Medications are referenced as decreasing pain from 10/10 to 5/10. She wanted to try patches to see if she could taper her medications. Current medications were Dilaudid 4 mg TID. Physical examination findings included severe pain with lumbar movement and with touch. There was decreased range of motion with an inability to extend the spine. Straight leg raising was positive. There was left foot dysesthesia which was severe. Dilaudid and Butrans were requested at a total MED (morphine equivalent dose) of less than 100 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Dilaudid (hydromorphone) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and medications are providing decreased pain. There are no identified issues of abuse or addiction. The total MED being requested is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Butrans patch 20mcg, #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary and Other Medical Treatment Guidelines Butrans prescribing information.

Decision rationale: The claimant sustained a work injury in March 2008 and underwent a lumbar fusion in February 2009 which helped with back and leg pain. When seen, she was being treated for bilateral neuropathic pain extending from her feet to her knees. Medications are referenced as decreasing pain from 10/10 to 5/10. She wanted to try patches to see if she could taper her medications. Current medications were Dilaudid 4 mg TID. Physical examination findings included severe pain with lumbar movement and with touch. There was decreased range of motion with an inability to extend the spine. Straight leg raising was positive. There was left foot dysesthesia which was severe. Dilaudid and Butrans were requested at a total MED

(morphine equivalent dose) of less than 100 mg per day. Butrans is reserved for use in patients for whom alternative treatment options including immediate-release opioids are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. It is a partial agonist with a very high affinity for the μ -opioid receptor. Prescribing Butrans with another opioid medication such as Dilaudid would be expected to decrease the efficacy of the Dilaudid and there are other available sustained release opioid medications that could be considered. Dilaudid continues to be prescribed with benefit. Prescribing Butrans is not appropriate and is not medically necessary.