

Case Number:	CM15-0214221		
Date Assigned:	11/04/2015	Date of Injury:	04/01/2003
Decision Date:	12/22/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii
 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 73 year old male, who sustained an industrial injury on April 01, 2003. The injured worker was diagnosed as having chronic lumbar radiculopathy, post lumbar laminectomy syndrome, and chronic narcotic utilization. Treatment and diagnostic studies to date has included medication regimen and home exercise program. In a progress note dated July 14, 2015 the treating physician reports complaints of constant pain to the low back. Examination performed on July 14, 2015 was revealing for decreased range of motion to the lumbar spine with pain, tenderness to the lumbar three through lumbar five levels, and positive bilateral straight leg raises. The injured worker's medication regimen on July 14, 2015 included MS Contin. On July 14, 2015 the injured worker's pain level was rated an 8 on a scale of 1 to 10 along with noting that the injured worker's medication regimen helps by 75%. The injured worker's medication regimen on April 21, 2015 included MS Contin, Morphine Sulfate Immediate Release, Cymbalta, Lunesta, and Lyrica. The progress note from April 21, 2015 noted that the injured worker's pain level was rated a 9 out of 10 without the use of his medication regimen that decreases to a 7 out of 10 with the use of his medication regimen. The treating physician requested the medication of Butrans Patch 10mcg-hr with a quantity of a 28 day supply with a quantity of 4 with 4 refills, but did not indicate the specific reason for the requested medication. On October 26, 2015 the Utilization Review denied the request for a Butrans Patch 10mcg-hr with a quantity of a 28 day supply with a quantity of 4 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Dis 10mcg/hr Day Supply: 28 #4 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Butrans Dis 10mcg/hr Day Supply: 28 #4 with 4 refills. The requesting treating physician report was not found in the medical reports provided for review. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The medical reports provided do not show that the patient has been prescribed Butrans previously. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, the current request for 4 refills without a record of pain and function with the medication is excessive and not supported. Furthermore, the current request does not satisfy the MTUS guidelines as there is no documentation in the medical reports provided, that a baseline pain and functional assessment has been provided. The current request is not medically necessary.