

Case Number:	CM15-0219831		
Date Assigned:	11/12/2015	Date of Injury:	08/09/2011
Decision Date:	12/23/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 8-9-2011. A review of the medical records indicates that the injured worker is undergoing treatment for neck-shoulder-elbow-back-knee-ankle pain, chronic pain syndrome, paresthesias, and muscle pain. On 10-21-2015, the injured worker reported pain in the back and neck with neck pain radiating to the upper extremities with numbness and tingling and the back pain radiating to the lower extremities with numbness and tingling, with pain rated 8 out of 10 without medication and 4 out of 10 with medication. The Treating Physician's report dated 10-21-2015, noted the injured worker reported her pain was relieved by medications, currently using Butrans patches, prescribed since at least 6-25-2015. The injured worker was noted to be unable to take non-steroid anti-inflammatory drugs (NSAIDs) as she had a gastrointestinal (GI) ulcer. The physical examination was noted to show tenderness to palpation in the lumbar spine with decreased range of motion (ROM) due to pain, and tenderness to palpation of the sacroiliac joints. The cervical spine was noted to have tenderness to palpation with limited range of motion (ROM) due to an increase in pain. Tenderness to palpation was noted on the patellar region of the left knee and the anterior and posterior aspects of the shoulder. The Physician noted the injured worker had "tried and failed conservative therapy such as physical therapy and NSAIDs". Prior treatments have included corticosteroid injection, left ankle surgery, physical therapy, TENS, Tramadol with itching, Percocet with itching, Tylenol with codeine with itching, Benadryl, and Lidoderm patches. The treatment plan was noted to include requests for authorization for an electrodiagnostic study of the bilateral lower extremities, a MRI of the neck, Butrans patches

with decreased dosage from 10mcg to 5mcg as the injured worker reported increased side effects from the higher dosage, Robaxin, and an orthopedist referral for the left knee and right shoulder. The Physician noted the injured worker was given samples of Lyrica. The request for authorization dated 10-26-2015, requested Butrans Patches 5mcg #4, refill. The Utilization Review (UR) dated 11-3-2015, modified the request for Butrans Patches 5mcg #4, refill to Butrans Patches 5mcg #4 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 5mcg #4, refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from an 8/10 to a 4/10. There are no objective measures of improvement of function or how the medication improves activities. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.