

Case Number:	CM15-0222323		
Date Assigned:	11/17/2015	Date of Injury:	10/09/2006
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/11/2015

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:

This is a 44 year old male with a date of injury on 10-9-06. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 10-19-15 reports increased neuropathic pain without taking Gabapentin. He has improvement with pain and function with Butrans Patch. He is still symptomatic after spinal surgery with nociceptive pain and neuropathic pain. He rates his pain 4 out of 10 with medication and 8 out of 10 without medication. He has 50 percent improvement with pain and function with medications. Objective findings: lumbar range of motion is decreased, positive straight leg raise exam bilaterally 45 degrees. Treatments include: medication, bilateral L3-S1 hardware injections, acupuncture, lumbar laminectomy. According to the medical records he has been using Butrans Patch since at least January 2015. Request for authorization dated 10-30-15 was made for Butrans Patch 10 mcg-hr quantity 4. Utilization review dated 11-06-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10 mcg/hr #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids, criteria for use.

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

Decision rationale: The current request is for Butrans patch 10 MCG/HR #4. The RFA is dated 10/30/15. Treatment history includes medications, bilateral L3-S1 hardware injections, acupuncture, physical therapy, and lumbar laminectomy. The patient is not working. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 10/19/15, the patient presents with chronic lower back pain. The patient is status post lumbar fusion performed on 10/09/10. The treater has recommended a refill of Butrans patches for this patient's chronic nonceptive pain following the lumbar fusion. The patient has been utilizing these patches since 12/01/14. The treater reports that medications reduce the patient's pain from 4/10 to 8/10, and improve function by 50%. The patient reports improvement in ambulation, ability to sit and stand and better participate in ADLs. Without medications, he would primarily be confined to his bed or chair. The patient states that he can walk and stand 30 minutes with medications, and only 10 minutes without. The report goes on to state that the patient has no evidence of aberrant behaviors, and no significant side effects from his medications. He has signed an opiate contract, and UDS have demonstrated evidence of compliance. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement with utilizing the Butrans Patches. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.