

Case Number:	CM15-0043546		
Date Assigned:	03/13/2015	Date of Injury:	05/06/2013
Decision Date:	04/24/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/06/2015

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:

The injured worker is a 30 year old male, who sustained an industrial injury on 5/6/2013. He reports a slip while performing roof work, injuring his lower back. Diagnoses include chronic cervical strain (resolved) and chronic lumbar strain. Treatments to date include physical therapy, MRI and medication. A progress note from the treating provider dated 1/13/2015 indicates the injured worker reported low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5.0 microgram patch #4 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Butrans - Buprenorphine Page(s): 76-78, 88-89, 26.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for BUTRANS 5.0 MICROGRAM PATCH #4 WITH NO REFILLS. Per 01/13/15 progress report, "The patient obtains pain relief and improved functioning from the

opiates taken for pain. The patient is not having significant side effects from the medications. The patient has increased physical and psychosocial functioning as a result of taking this opiate medication. There is no evidence of any abnormal behavior. The patient has no aberrant drug taking behavior. The patient has a signed pain management agreement on file." The patient is currently not working. Regarding chronic opiate use, MTUS guidelines page 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 page 78 also requires documentation of the 4A's 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. Regarding Butrans - Buprenorphine MTUS Guidelines page 26 states, "Recommended for treatment of opiate addiction; also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." In this case, the treater does not indicate Butrans patches are used for opiate addiction. The treater has been using Butrans for chronic pain because he states that "the goal of treatment is increased functional ability and decreased pain for the patient." The treater discusses analgesia and adverse side effects/ adverse behavior but the treater does not address all 4 A's as required by MTUS guidelines. While stating "pain relief and improved functioning from the opiates", no specific ADL changes are documented showing significant improvement functionally. General statements regarding ADL's and function are inadequate. Before/after pain scales are provided but no outcome measures or use of validated instrument to show functional gains. The treater does not mention urine drug screening either. Given the lack of adequate documentation as required by MTUS Guidelines, the request IS NOT medically necessary.