

Case Number:	CM15-0050530		
Date Assigned:	03/24/2015	Date of Injury:	03/02/2010
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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(n) 49 year old male, who sustained an industrial injury on 3/2/10. He reported pain in the neck and back. The injured worker was diagnosed as having post lumbar spine fusion, low back syndrome, facet syndrome, physical therapy, spinal fusion, psychiatric treatments and depression. Treatment to date has included facet injections, lumbar MRI and pain medications. As of the supplemental report dated 9/24/14, the injured worker reports continued low back pain, erectile dysfunction and decreased libido. The physician indicated the cause of the decreased libido may be chronic narcotic use. The treating physician requested Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 20mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): 26, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, buprenorphine Page(s): 76-78, 88-89, 26-27.

Decision rationale: The patient was injured on 03/02/2010 and presents with severe back pain. The request is for BUTRANS DIS 20 mcg/hr. There is no RFA provided and the patient's work status is not known. The patient has been taking Butrans as early as 08/25/2014. For chronic opioid use in general, MTUS guidelines pages 88 and 89, state, "The patient 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 4 A'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, times it takes for medication to work, and duration of pain relief. For buprenorphine, MTUS, pages 26-27, specifically recommends it for treatment of opioid addiction and also for chronic pain. The reason for the request is not provided nor is the report with the request. In this case, none of the 4 A's are addressed as required by MTUS guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. No urine drug screens are provided to indicate if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS guidelines for continued opioid use. Therefore, the requested Butrans IS NOT medically necessary.