MAXIMUS Federal Services

Case Number:	CM15-0086720		
Date Assigned:	05/08/2015	Date of Injury:	02/08/2013
Decision Date:	06/17/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51-year-old female who sustained an industrial injury on February 8, 2013. Previous treatment includes lumbar laminectomy/discectomy, physical therapy and medications. The documentation reveals that the injured worker had L1-L2 disc herniation with canal stenosis and neurogenic pseudo claudication and radiculopathy. She underwent lumbar laminectomy/discectomy on March 11, 2015 and was discharged on Norco, Tramadol, Senokot, Restoril, Decadron, Pepcid, Keflex and Percocet. A post-operative evaluation dated March 18, 2015 revealed the injured worker was no longer taking pain medication, denied having low back pain, and noted that her radiating leg pain and weakness was resolving. Diagnoses associated with the request include post lumbar laminectomy/discectomy. The treatment plan following her March 18, 2015 follow-up evaluation included activity modifications and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 mcg/hr patch #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (https://www.drugs.com/pro/butrans-patch.html).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: While opioids may be appropriate post-operatively, long acting opioids are only indicated when the patient has chronic moderate to severe pain that is not responsive to first line medication. According to the most recent clinic note reviewed on 3/18/15, the patient is without pain and off pain medications, consequently initiating a long-acting pain medication intended for chronic intractable pain is not medically necessary at this time.