

Case Number:	CM14-0180760		
Date Assigned:	11/05/2014	Date of Injury:	12/13/2010
Decision Date:	12/16/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67 year old male who was injured on 12/13/2010. The diagnoses are lumbar radiculopathy, low back pain and status lumbar decompression laminectomy surgery. There are associated diagnoses of sleep apnea, COPD (chronic obstructive pulmonary disease) and obesity. The past surgery history is significant for decompression laminectomy on 6/27/2014. On 10/29/2014, [REDACTED] noted subjective complaint of pain score of 7/10 on a 0 to 10 scale. The objective finding was a healed surgical scar with normal sensory, motor and range of motion examinations. The patient completed 12 post- operative PT treatments. It was noted that the patient was unable to increase post-operative activity due to non authorization of prescribed medications. The medications are Butrans patch, Norco, gabapentin, Lyrica, Nucynta and ibuprofen for pain. A Utilization Review determination was rendered on 9/30/2014 recommending non certification for Butrans 20mcg/hr, #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg/hr patch, #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information for Butrans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 74-96.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe exacerbation of musculoskeletal pain that did not respond to treatment with standard NSAIDs and PT. The chronic use of multiple opioids and sedatives is associated with the development of dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with other sedatives. The records indicate that the patient was prescribed multiple opioids and sedative medications. The compliance status is unclear because there is no current UDS (urine drug screen), Pills Count or monitoring documentation. The provider indicated that some medications were not authorized but the most recent clinic note listed Norco, Nucynta and Butrans. The use of Butrans is recommended as a second line option for opioid tolerant patient with non-compliance or diversion issues. It is recommended that Butrans should not be combined with pure agonist because the use of Butrans is associated with analgesic 'ceiling' effect. The criteria for the use of Butrans 20mcg/hr, #4 were not met. Therefore the request is not medically necessary.