MAXIMUS Federal Services

| Case Number: | CM14-0181803 | | |
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| Date Assigned: | 11/06/2014 | Date of Injury: | 03/15/1995 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

## 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 Neurology; has a subspecialty in Pain Medicine and is licensed to practice in 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:

7/9/14 PR-2 notes treatment with methadone, Cymbalta, trazadone, relpax, Percocet, Topamax for ongoing neck pain, and headaches. Condition is reported to include narcotic dependence, chronic pain, myofascial pain, and cervicobrachial syndrome. 10/20/15 notes treatment with butrans, Cymbalta, trazadone, relpax, Percocet, Topamax for ongoing neck pain, and headaches. Condition is reported to include narcotic dependence, chronic pain, myofascial pain, and cervicobrachial syndrome. The pain is radiating with tingling and cramping. There is muscle spasm, numbness and tingling with limited range of motion. Exam reports severe spasms in bilateral trapezius muscles with limited range of motion. There is decreased sensation to touch in the right and left upper extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mcg/hr #21 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Opioids

**Decision rationale:** The medical records report ongoing chronic pain and treatment with butrans but does not indicate functional outcome of ongoing therapy or long term improvement. There is no documentation of ongoing opioid risk mitigation tools in place such as UDS. ODG supports opioids when (i) A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. Patient, guardian, and caregiver attitudes about medicines may influence the patient's use of medications for relief from pain. See Guidelines for Pain Treatment Agreement. This should include the consequences of non-adherence.(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.3) Initiating Therapy(a) Intermittent pain: Start with a short-acting opioid trying one medication at a time.(b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. As the medical records do not indicate the presence of opioid risk mitigation tools in place on ongoing basis, the medical necessity of Butrans is not supported congruent with ODG guidelines.