

Case Number:	CM14-0167253		
Date Assigned:	10/14/2014	Date of Injury:	10/11/2000
Decision Date:	03/03/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 53 year old female who sustained a work related injury to her neck, left shoulder and lower back from an approximate 5-6 foot fall on October 11, 2000. There were no surgical interventions documented. The latest magnetic resonance imaging (MRI) dated January 2011 demonstrated a 5mm broad based disc protrusion at L5-S1 with bilateral neural foraminal and lateral recess narrowing, mild narrowing of the central canal on the right with mass effect on the right S1 nerve root and degenerative disc changes at L4-5 with facet joint hypertrophy. She is diagnosed with whole body myofascial pain syndrome, chronic lumbar sprain with discopathy at L5-S1 annular tear, lumbar radiculopathy, chronic cervical strain, and myofascial headache syndrome. The patient continues to experience neck pain and low back pain radiating to both legs. According to the primary treating physician's progress report on Sept 22, 2014, the injured worker reported no changes in pain and activity levels. Examination of the cervical spine documented restricted range of motion with flexion limited to 30 degrees, extension 20 degrees and lateral right and left rotation at 35 degrees. Hypertonicity, tenderness and tight muscle band were noted bilaterally at the paravertebral muscles and tenderness at paracervical muscles and trapezius. Lumbar spine examination noted restricted flexion to 45 degrees and extension limited to 10 degrees with pain with hypertonicity and tenderness bilaterally. Straight leg raising test was negative. Deep tendon reflexes were decreased bilaterally. The injured worker has a slowed antalgic gait. No assistive devices are used. Current medications are listed as Savella, Seroquel, Wellbutrin, Lidoderm patch, Lyrica, Butrans patch and Pramipexole. The injured worker was encouraged to exercise and walk regularly. The injured worker is Permanent & Stationary

(P&S).The physician requested authorization for Butrans 5mcg/hour patch: one patch to skin every 7 days, quantity 1 with 4 refills.On October 18, 2014 the Utilization Review denied certification for Butrans 5mcg/hour patch: one patch to skin every 7 days, quantity 1 with 4 refills. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines regarding Buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Butrans 5mcg/hr patch: SIG: one patch to skin every 7 days, quantity, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78-79..

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up or absence of side effects and aberrant behavior with previous use of opioids. The patient continued to have significant pain with Butrans. There is no recent documentation of recent opioid addiction. Therefore, the request for Butrans 5mcg/hr patch: SIG: one patch to skin every 7 days, quantity, 4 refills is not medically necessary.