

Case Number:	CM14-0211323		
Date Assigned:	12/24/2014	Date of Injury:	04/17/1998
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/17/2014

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: California, Arizona

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 57-year-old female who reported an injury on 04/17/1998 due to an unspecified mechanism of injury. The other therapies included physical therapy and aquatic therapy. On 12/04/2014, she presented for a followup evaluation. She reported back pain with radiation into the left foot, rated at a 5/10. She also stated that the pain would radiate into the right and left leg. Her medications included carvedilol, Cymbalta, furosemide, Klor-Con tablets, lisinopril and Butrans patches. A physical examination showed gait and station revealed mid position without abnormalities. Strength was a 5/5 throughout, and there was tenderness to the paraspinous area of the lumbar spine. There was a minimal amount of muscle spasm in the lumbar spine, and pain was mildly exacerbated by straight leg raise. Sensation was intact in both lower extremities. She was diagnosed with grade 3 spondylolisthesis and morbid obesity. A request was made for Butrans patch 10 mcg/hour quantity #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg/hr QTY: 4.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. There was a lack of documentation showing that the injured worker had an objective decrease in pain and an objective improvement in function. The injured worker was monitored for aberrant drug behavior through urine drug screens. The request was submitted failed to indicate the frequency. Given the above, the request for Butrans patch 10mcg/hr QTY: 4.00 is not medically necessary.