

Case Number:	CM15-0010182		
Date Assigned:	01/27/2015	Date of Injury:	07/25/2013
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male, who sustained an industrial injury on 07/25/2013. He has reported cervical and lumbar spine pain. The diagnoses have included probable lumbar spondylosis with pain; probable cervical spondylosis with neck pain; and peripheral neuropathy. Treatment to date has included medications, activity modification, and physical therapy to the cervical spine. Medications have included Vicodin and Fetzima. A progress note from the treating physician, dated 12/10/2014, documented a follow-up visit with the injured worker. The injured worker reported cervical pain rated 7/10 on the visual analog scale; pain is described as aching, burning, dull, and pinching; heat, massage, and medications improve pain; back pain is rated 6-7/10 on the visual analog scale; back pain is described as aching, burning, throbbing, and sore; rest and medication improve the condition. Objective findings included pain to palpation over the C2 to C5 facet capsules, bilateral; secondary myofascial pain with triggering and ropey fibrotic banding; pain to palpation over the L3-S1 facet capsules, bilateral; and pain with rotational extension of the cervical and lumbosacral spine. The treatment plan included medications listed as Butrans Patch, Fetzima, and Vicodin; and follow-up evaluation in one month. On 12/18/2014 Utilization Review modified a prescription for Butrans Patch 20 mcg/hr #4 with 3 refills, to Butrans Patch 20 mcg/hr #4 with no refills. The CA MTUS, Chronic Pain Medical Treatment Guidelines, and ACOEM; and the ODG, Pain Chapter were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of a prescription for Butrans Patch 20 mcg/hr #4 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg/hr #4 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans is not medically necessary.