

Case Number:	CM15-0010857		
Date Assigned:	01/28/2015	Date of Injury:	10/06/2014
Decision Date:	04/14/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 58 year old male, who sustained an industrial injury on 10/6/2014. He has reported back and right lower extremity. The diagnoses have included right knee strain, right ankle strain, low back contusion, with leg pain. Magnetic Resonance Imaging (MRI) right knee 11/18/14 significant for partial anterior cruciate ligament (ACL) tear. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, activity restrictions, and physical therapy. Currently, the Injured Worker complains of back pain and right leg pain, worse with weight bearing. Physical examination from 11/12/14 documented limited Range of Motion (ROM) with pain, ambulating with a cane. The plan of care included Magnetic Resonance Imaging (MRI) of the lower back, changing Tramadol to Norco, and continuation of physical therapy. On 12/31/2014 Utilization Review non-certified Butrans Dis 5mcg/Hr patches, four per day, supply 28, noting the documentation did not support chronic pain greater than two months. The MTUS and ACOEM Guidelines were cited. On 1/20/2015, the injured worker submitted an application for IMR for review of Butrans Dis 5mcg/Hr patches, four per day, supply 28.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 5mcg/hr, Qty: 4, 28 day supply: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (web: updated 11/21/14).

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". However, since this is the initial prescription of opiate, functional benefit cannot logically be ascertained. Also, I respectfully disagree with the UR physician's assertion that the pain was not considered chronic as it had not been present for more than 2 months, as the DOI was 10/6/14 and the UR decision was 12/31/14.