MAXIMUS Federal Services

Case Number:	CM15-0019521		
Date Assigned:	02/09/2015	Date of Injury:	12/14/1998
Decision Date:	03/25/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 41 year old female who sustained an industrial injury on December 14, 1998. The injured worker was diagnosed with low back pain syndrome, cervicalgia and morbid obesity. According to the primary treating physician's progress report on January 7, 2015 the injured worker continues to express increasing low backaches. On examination there is tenderness at L4-L5 with negative facet loading bilaterally. Equal and symmetrical reflexes are documented. The injured worker's level of function has remained unchanged. Current medications listed are Butrans (increased from 5mcg to 10mcg) Norco and Tramadol.The treating physician requested authorization for Butrans 10 mcg #4 and Tramadol 50 mg #90.On January 17, 2015 the Utilization Review denied certification for Butrans 10 mcg #4 and modified the certification for Tramadol 50 mg #90 to Tramadol 50 mg #30.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10 mcg, four count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant is using it in combination with Norco and Tramadol. As a result, the use of Butrans patches is not medically necessary.

Tramadol 50 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain.Although it may be a good choice in those with back pain, the claimant had been on Norco along with Tramadol. There was no indication for using 2 opioids. No one opioid is superior to another. Pain scores were not recorded and there hasn't been a change in activity or quality of life in 6 months. The continued use of Tramadol above is not medically necessary.