

Case Number:	CM15-0115197		
Date Assigned:	06/23/2015	Date of Injury:	08/17/2010
Decision Date:	07/30/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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: Internal 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 injured worker is a 59 year old female, who sustained an industrial injury on 8/17/2010. She reported injury to multiple body parts developed from cumulative trauma including repetitive activity and a fall. Diagnoses include cervical and lumbar disc degeneration, lumbar muscle spasm, right shoulder sprain; status post right shoulder surgery, right knee meniscus tear; status post left knee arthroscopy, carpal tunnel syndrome; status post carpal tunnel release, and Depression. Treatments to date include activity modification medication therapy, therapeutic joint injections, and physical therapy. Currently, she complained of pain in multiple body parts including the neck, low back, right shoulder, left wrist, right knee and complained of depression. On 5/4/15, the physical examination documented significant findings including tenderness, decreased range of motion, positive diagnostic findings, and muscle spasms. The medical records indicated that she had obtained prescriptions for medication from more than one provider. The medical records documented she reported no relief of symptoms with previous use of Butrans Patches. The plan of care included Butrans DIS 10mcg/hr., quantity #4. The patient signed a medical contract with that provider that she would not take any other opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10MCG #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain section Page(s): 75 and 91.

Decision rationale: In general, opioid effectiveness is noted to be augmented with 1- education as to its benefits and limitations, 2- the employment of non opioid treatments such as relaxation techniques and mindfulness techniques, 3- the establishment of realistic goals, and 4- encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short-term relief of pain and that long-term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. In addition, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. We note that our particular patient received narcotics from multiple provider. That breaks the contract she made for the use of Butrans in order to detox from other narcotics. Therefore, the patient was non-cooperative and the UR was justified in its denial of the medication. The request is not medically necessary.