

Case Number:	CM15-0123205		
Date Assigned:	07/07/2015	Date of Injury:	10/09/2006
Decision Date:	08/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44 year old male, who sustained an industrial injury on 10/09/2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic severe low back pain, status post lumbar three through sacral one posterior lumbar fusion with evidence of residual severe left osseous neuroforaminal narrowing at lumbar five to sacral one and mild right-sided osseous neuroforaminal narrowing at lumbar five to sacral one, arachnoiditis, bilateral lower extremity radiculopathy with chronic bilateral lumbar five and sacral one radiculopathy, and depression secondary to chronic pain. Treatment and diagnostic studies to date has included status post diagnostic hardware injection to lumbar three to four and lumbar five to sacral one, medication regimen, electromyogram with nerve conduction velocity, status post lumbar spine fusion, magnetic resonance imaging of the lumbar spine, laboratory studies, and use of a single point cane. In a progress note dated 04/27/2015 the treating physician reports complaints of axial low back pain that radiates to the bilateral lower extremities and pelvic region with neuropathic involvement. The lower extremity pain is described as burning along with numbness. The injured worker also has cramping to the distal part of the lower extremities. Examination reveals absent Achilles reflex on the left with a trace on the right, hypesthesia to the right lateral thigh and in the left lumbar five dermatome, decrease in strength to the left lower extremity muscles, positive straight leg raise bilaterally, decreased range of motion to the lumbar spine, tenderness to the bilateral lumbar paraspinous processes, tenderness from lumbar one to sacral one, muscle spasm to the lumbosacral junction, and an antalgic gait. The injured worker's current medication

regimen included Butrans Patches, Hydrocodone/Acetaminophen, Diclofenac SR, Ranitidine, and Gabapentin. The injured worker's pain level is rated a 4 out of 10 with use of the injured worker's pain medication regimen and is rated an 8 out of 10 without use of his pain medication regimen. The progress note also indicated a 50 % improvement in pain and function in areas of ambulation and with activities of daily living. The treating physician requested the medications of Butrans Patch 10mcg/hr with a quantity of 4 and Hydrocodone/Acetaminophen 10/325mg with a quantity of 60 with the treating physician noting that the injured worker has improvement in pain and function as shown with functional improvement in ambulation. The treating physician indicated that the injured worker is able to ambulate less than two blocks without use of his medication regimen and is able to ambulate four to five blocks with use of his medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10mcg/hr #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Ongoing management and Opioids for chronic pain Page(s): 26-27 and 78-80 and 80-81.

Decision rationale: Butrans Patch 10mcg/hr #4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that this medication is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment on opioids should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The MTUS supports following of the "4 A's" recommended by the MTUS (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Additionally, the MTUS states that there are no trials of long-term use of opioids for neuropathic pain which this patient suffers from. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation reveals that the patient has been on long term opioids without significant increase in function, persistent pain and inconsistent urine drug screens which were negative for the prescribed medication, no evidence of return to work, and multiple prior recommendations for weaning. The request for continued Butrans patch is not medically necessary.

Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids for chronic pain Page(s): 78-80 and 80-81.

Decision rationale: Hydrocodone/APAP 10/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment on opioids should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The MTUS supports following of the "4 A's" recommended by the MTUS (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Additionally, the MTUS states that there are no trials of long-term use of opioids for neuropathic pain which this patient suffers from. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation reveals that the patient has been on long term opioids without significant increase in function, persistent pain and inconsistent urine drug screens which were negative for the prescribed medication, no evidence of return to work, and multiple prior recommendations for weaning. The request for continued Butrans patch is not medically necessary.