MAXIMUS Federal Services

Case Number:	CM15-0129081		
Date Assigned:	07/16/2015	Date of Injury:	03/03/2011
Decision Date:	08/14/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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 50-year-old female, who sustained an industrial injury on 3/3/11. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical disc displacement without myelopathy; long term use of medications; pain in joint-shoulder; recurrent depression psychosis unspecified; psychogenic pain NEC. Treatment to date has included physical therapy; epidural steroid injections - cervical; Functional Restoration Program; medications. Diagnostics studies included MRI cervical spine (10/24/13).Currently, the PR-2 notes dated 5/22/15 indicated the injured worker complains of chronic neck and left shoulder pain. She continues to have persistent neck pain radiating into the bilateral upper extremities. She does feel that this has been gradually worsening and is having more numbness and tingling into her fingers right side greater than left. She reports medications continue to reduce her pain and allow her to better function. The Butrans patch allows her to walk better and exercise better with less pain. She has a surgical history that includes a left shoulder arthroscopy in May 2013. A MRI of the cervical spine shows mild degenerative changes; C4-C5 moderate right foraminal narrowing and C5-C6 small central disc protrusion with moderate deformity of the anterior cervical cord. The provider is requesting authorization of Butrans 5mcg/hr patch with one patch to skin every 7 days for a quantity of 4. A report dated July 1, 2015 indicates that the trans patch improves the patient's pain from 10/10 to 6/10 and increases your function and activities of daily living. The patient is better able to walk and exercise with less pain. She is tolerating the medication well and her nausea and constipation are controlled. There are no signs of abuse/aberrant behavior, no escalation of those, no overutilization or diversion, and her DEA report has been consistent. Low dose beauty trends can cause urine drug screens to be negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 mcg/hr patch, 1 patch to skin q 7 days, qty. 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Butrans 5 mcg/hr patch, 1 patch to skin q 7 days, qty. 4, 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 indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Butrans 5 mcg/hr patch, 1 patch to skin q 7 days, qty. 4 is medically necessary.