

Case Number:	CM15-0069389		
Date Assigned:	04/17/2015	Date of Injury:	07/26/2008
Decision Date:	05/18/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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: Internal Medicine, Rheumatology

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 July 26, 2008. She reported being attacked by a patient receiving head, neck, face, mid and low back injuries. The injured worker was diagnosed as having chronic obstructive pulmonary disease, oxygen dependent, pulmonary hypertension, diabetes, post-concussive syndrome, lumbar spinal stenosis, major depressive disorder and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, durable medical equipment including a walker, steroid injections, medications and work restrictions. Currently, the injured worker complains of headaches, mid and low back pain and neck pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted surgical intervention was recommended however, she declined because she is diabetic and has chronic obstructive pulmonary disease (COPD). Evaluation on September 8, 2014, revealed continued pain and an overall decline in health since the injury. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15mcg QTY: 4.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 59 year old female has complained of neck pain and low back pain since date of injury 7/26/08. She has been treated with steroid injections, physical therapy and medications to include opioids since at least 09/2014. The current request is for Butrans patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Butrans patch is not indicated as medically necessary.

Ultram 50mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 59 year old female has complained of neck pain and low back pain since date of injury 7/26/08. She has been treated with steroid injections, physical therapy and medications to include opioids since at least 09/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.