

Case Number:	CM15-0072411		
Date Assigned:	04/22/2015	Date of Injury:	09/20/2012
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 45 year old female with an industrial injury dated 09/20/2012. Her diagnoses included low back pain, lumbar disc displacement, lumbar radiculopathy and post-laminectomy syndrome of lumbar region. Prior treatment included ice, heat, non-steroidal inflammatory medications, caudal epidural and diagnostics. She presents on 03/18/2015 with complaints of pain in the lower back radiating into the right buttock. Objective findings include paralumbar spasm and tenderness to palpation on the right. Lumbar spine range of motion was limited secondary to pain. The treating physician documents the injured worker is able to perform activities of daily living with current medications. Treatment plan included pain management with a pain patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 mg, four count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 45 year old female with an injury on 09/20/2012. She had a lumbar laminectomy and continues to have back pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the requested medical treatment is not medically necessary.