

Case Number:	CM14-0155066		
Date Assigned:	09/25/2014	Date of Injury:	02/05/2008
Decision Date:	11/03/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old female who reported an injury on 02/05/2008 due to unspecified mechanism of injury. The injured worker complained of lower back pain and leg pain. The injured worker had diagnoses of long term use of medications, sciatica, lumbar spondylosis, lumbosacral, and lumbago. Treatments included transcutaneous electrical nerve stimulator (TENS) unit, medications, and facet injections. Medications included Butrans 5 mcg/hr. patch, Relafen 500 mg, Benzyl 10 mg, and Gabapentin 600 mg. Prior surgery included a left ACL and meniscus repair in 2002, and a right shoulder rotator cuff repair several years ago. The objective findings dated 07/28/2014 to the lumbar spine revealed deep tendon reflexes were symmetrical bilaterally; no clonus sign noted bilaterally, sensation was intact with light touch and pinprick bilaterally in the lower extremities. Straight leg raise was negative. Spasm and guarding were noted to the lumbar spine. The musculoskeletal examination revealed normal muscle tone without atrophy to the bilateral lower extremities. Musculoskeletal strength was a 5/5 to the bilateral lower extremities. The injured worker complained of severe fatigue. The treatment plan included Butrans patch and a urinalysis. The Request for Authorization dated 08/28/2014 for the Butrans was within the documentation. The request for the urinalysis was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for one (1) Prescription of Butran's 5mcg/hr patch #4 Between 7/28/2014 and 10/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine for Chronic Pain, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: The request for prospective request for one (1) prescription of Butrans 5 mcg/hr. patch #4 between 7/28/2014 and 10/24/2014 is not medically necessary. The California MTUS indicates Buprenorphine is recommended for the treatment of opiate addiction. It is also recommended for the option of chronic pain, especially after detoxification in patients who have a history of opiate addiction. The clinical notes were not evident the injured worker had a history of opiate addiction. The injured worker indicated that she had good reduction in pain with the radiofrequency face injections that had worked well in reduction of her back pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Prospective Request for one (1) Urine Drug Screen Between 7/28/2014 and 7/28/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; and Urine Drug Testing (UDT), Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, and Opioids, Criteria For Use Page(s): 43 78.

Decision rationale: The request for Prospective Request for one (1) Urine Drug Screen Between 7/28/2014 and 7/28/2014 is not medically necessary. The California MTUS guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. There is a lack of documentation demonstrating when the injured worker last underwent a urine drug screen. There is no indication that the injured worker is at risk for medication misuse or that the injured worker displayed aberrant behavior. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.