

Case Number:	CM14-0204993		
Date Assigned:	12/17/2014	Date of Injury:	04/12/2010
Decision Date:	12/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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 43 year old male who sustained an industrial injury on 04-12-2010. A review of the medical records indicated that the injured worker is undergoing treatment for right hydrocele and neuropathic groin pain. The injured worker is status post bilateral inguinal hernia repair in 2011 and recurrent right inguinal hernia repair in 07-2013. According to the treating physician's progress report on 11-10-2014, the injured worker continues to experience right groin and hip pain rated at 5-6 out of 10 on the pain scale without medications. The injured worker reported that Gralise caused dizziness and gastrointestinal (GI) side effects. After stopping the medication he had headaches for several days. Examination demonstrated increased pain with internal and external rotation of the right hip. Motor strength was 4 out of 5 of the right hip and a slight antalgic gait on the right was noted. Current medication was listed as Gralise which was discontinued. Treatment plan consists of the current request for Butrans 5mcg per hour #4 and refill of Butrans 5mcg per hour #4. On 11-10-2014 the Utilization Review determined the request for Butrans 5mcg per hour #4 with 10mg-325mg refill of Butrans 5mcg per hour #4 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Buprenorphine for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Buprenorphine is not recommended as a first line medication and there is no evidence that the patient has had a trial of non-opioid medications. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Butrans 5 mcg/hr #4 is not medically necessary.

Refill of Butrans 5mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Buprenorphine for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Buprenorphine is not recommended as a first line medication and there is no evidence that the patient has had a trial of non-opioid medications. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for refill for Butrans 5 mcg/hr #4 is not medically necessary.