MAXIMUS Federal Services

Case Number:	CM13-0010537		
Date Assigned:	12/18/2013	Date of Injury:	04/29/1998
Decision Date:	03/10/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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 patient is a 64 -year-old male who reported injury on 04/29/1998. The mechanism of injury was not provided. The patient was noted to be in the office for a medication refill. The patient's diagnosis was noted to be sprain of neck. The request was made for pharmacy purchase of Butrans patches 20 mg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 20mg #4: Upheld

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

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

Decision rationale: The California MTUS indicate that buprenorphine is appropriate for patients who have chronic pain. Additionally, it recommends that there should be documentation of the patient's objective decrease in the VAS (visual analogue scale) score, objective functional improvement, adverse side effects and aberrant drug behavior. The clinical documentation submitted for review indicated the patient had chronic pain and indicated that the Butrans was being increased to 20 mg per hour. However, there was lack of rationale for the increase and

there was a lack of documentation of the above recommendations regarding the VAS score, functional improvement, side effects and aberrant drug behavior. As such the request for Butrans patches 20 mg #4 is not medically necessary.