

Case Number:	CM13-0021194		
Date Assigned:	11/08/2013	Date of Injury:	01/09/2007
Decision Date:	02/14/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/06/2013

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 Addiction Medicine, and is licensed to practice in Massachusetts and New York. 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 had an industrial injury on 1/9/07 that resulted in lower back pain. The treating diagnosis is cervical/thoracic/lumbar discopathy. An MRI report of the cervical spine dated 1/9/12 revealed broad based posterior herniation of the C5-C6 disc, causing narrowing of the central canal and neural foramina. The same MRI showed a herniation of L4-L5 disc. The herniation measures 6mm.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 4 Butrans 5mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26, 51-58.

Decision rationale: As per the California MTUS, there is no indication for long term therapy with the transdermal form of Buprenorphine for discopathy, which is the patient's current diagnosis. The original date of injury is 2007. Given the remote nature of injury, and the nature of the stationary, plateau phase, the initiation of Butrans may not be effective. Hence the request is non-certified.

