

Case Number:	CM13-0025074		
Date Assigned:	01/10/2014	Date of Injury:	08/24/2007
Decision Date:	03/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 51-year-old female with a 8/24/07 date of injury. At the time of request for authorization for Butrans patch 10mg/hour, #4 and Intermezzo 1.75mg po q hs, #30, there is documentation of subjective (increasing lower back pain, rated as a 7 out of 10, with burning sensation radiating into the right leg) and objective (limited lumbar flexion secondary to pain, limited lumbar extension due to facet loading pain, lumbar facet tenderness on palpation, positive straight leg raise on the right, tenderness of the thoracolumbar fascia, tenderness to palpation of the right sacroiliac joint, decreased motor strength in the right lower extremity, antalgic gait, and decreased sensation in the right lower extremity) findings, current diagnoses (degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral radiculitis, sciatica, and sacroiliitis), and treatment to date (medications (Norco, NSAID, and muscle relaxant) and injections). Regarding the requested Butrans patch 10mg/hour, #4, there is no documentation of opiate addiction and that the patient has a hyperalgesic component to pain; centrally mediated pain; high-risk of non-adherence with standard opioid maintenance; and has previously been detoxified from other high-dose opioids. Regarding the requested Intermezzo 1.75mg po q hs, #30, there is no documentation of insomnia characterized by difficulties with sleep initiation and the intended duration of therapy with the requested Intermezzo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mg/hour, #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Buprenorphine for chronic pain.

Decision rationale: MTUS identifies Buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. ODG identifies documentation of chronic pain in selected patients with a hyperalgesic component to pain; Patients with centrally mediated pain; Patients with neuropathic pain; Patients at high-risk of non-adherence with standard opioid maintenance; and For analgesia in patients who have previously been detoxified from other high-dose opioids, as criteria necessary to support the medical necessity of Butrans patch. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral radiculitis, sciatica, and sacroiliitis. In addition, there is documentation of chronic pain and neuropathic pain. However, there is no documentation of opiate addiction and that the patient has a hyperalgesic component to pain; centrally mediated pain; high-risk of non-adherence with standard opioid maintenance; and has previously been detoxified from other high-dose opioids. Therefore, based on guidelines and a review of the evidence, the request for Butrans patch 10mg/hour, #4 is not medically necessary.

Intermezzo 1.75mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem.

Decision rationale: MTUS does not specifically address this issue. ODG identifies Zolpidem as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia characterized by difficulties with sleep initiation. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral radiculitis, sciatica, and sacroiliitis. However, there is no documentation of insomnia characterized by difficulties with sleep initiation and the intended duration of therapy with the requested Intermezzo. Therefore, based on guidelines and a review of the evidence, the request for Intermezzo 1.75mg po q hs, #30 is not medically necessary.