

Case Number:	CM13-0025310		
Date Assigned:	11/20/2013	Date of Injury:	02/27/2012
Decision Date:	03/18/2014	UR Denial Date:	09/03/2013
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 29-year-old male who sustained an industrial injury on 02/27/2012. The mechanism of injury was not provided in the medical record. The patient's diagnoses included L4-5 and L5-S1 disc herniations and bilateral hand pain, which was worse on the left. Treatment for the patient's diagnoses has included physical therapy, trigger point injections, and medication management. The most recent clinical note dated 08/27/2103 reported the patient presented with complaints of increased low back pain. He wanted to be able to take less Narco. Examination of the patient revealed the patient had difficulty walking, changing positions, and getting onto the exam table. There was noted tenderness, restricted range of motion with pain, guarding with motion, muscle spasms, and antalgic gait. The patient is requesting a change in his pain medication so that he is able to decrease the amount of Norco that he is taking

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr #4/30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Per California Medical Treatment Utilization Section (MTUS), the recommended medication is recommended for treatment of opiate addiction, and is also recommended as an option for chronic pain, especially after detoxification in patients with a history of opiate addiction. There is no clinical documentation of the patient having any issues with being addicted to any of his medications. The requested medication is also in the form of a patch. There is no clinical documentation that any oral medications to treat chronic pain or neuropathic pain have been tried and failed with this patient. There is also no documentation of any antidepressants or anticonvulsants being attempted as a further attempt to control the patient's pain. There should be attempts at using antidepressants or anticonvulsants to aid with the weaning of the opioid instead of using another opioid. Due to the lack of documentation to support that any of these methods have been attempted, the request for the Butrans 10 mcg/hr patch #4 for 30 days is noncertified.