

Case Number:	CM13-0042513		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2013
Decision Date:	05/06/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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 claimant is a 49-year-old gentleman who was injured in a work related accident on May 31, 2013. The clinical records for review indicate that in 2012 the claimant underwent an L4-5 and L5-S1 anterior lumbar interbody fusion with instrumentation. Current clinical records of September 16, 2013 indicate the claimant to be with continued complaints of pain and discomfort current utilizing medications including Soma and Norco. Physical examination revealed tenderness to the lumbar spine with restricted range of motion consistent with his prior fusion. Formal imaging and clinical assessments were not noted. Specific clinical request in this case is for Butrans topical patches apparently for underlying diagnosis of opioid addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF BUTRANS DIS 15 MCG/HR DAY SUPPLY: 30, QTY: 4: Upheld

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

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, the role of this agent, a morphine receptor antagonist would not be indicated given the claimant's current clinical

situation. These medications are typically recommended for detoxification in claimant's who are with history of opioid addiction and who have failed more first line treatments of management including weaning from medications. Records indicate the claimant is also continuing to take short acting opioid analgesics. The extent of the claimant's treatment from an "addiction" point of view at this stage in the clinical course is unclear given his current medication regimen". The specific role of this agent in the current clinical setting would thus not be indicated.