

Case Number:	CM13-0043446		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2012
Decision Date:	04/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 5/31/12 date of injury and a 2012 lumbar fusion. At the time (10/15/13) of request for authorization for 30 Butrans patches 15mcg/hour with four refills, there is documentation of subjective (low back pain) and objective (tenderness to palpation over the lumbar spine, mild to moderate spasms in the lumbar paraspinals, and limited lumbar spine range of motion) findings, current diagnoses (status post lumbar fusion, lumbar disc disease, lumbar facet syndrome, lumbosacral musculoligamentous strain, and opioid tolerance), and treatment to date (medications (including Opioids)). 10/16/13 medical report identifies that it was decided to taper off Norco and Soma and switch to Butran Patch; and that patient needs to taper off all short acting opioids and switch to a long acting opioid for chronic long term pain management. There is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction).

IMR ISSUES, DECISIONS AND RATIONALES

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

30 BUTRANS PATCHES 15MCG/HOUR WITH FOUR REFILLS: 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): 26-27.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion, lumbar disc disease, lumbar facet syndrome, lumbosacral musculoligamentous strain, and opioid tolerance. In addition, there is documentation of conservative treatment (medications (including opioids)). However, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Therefore, based on guidelines and a review of the evidence, the request for 30 Butrans patches 15mcg/hour with four refills is not medically necessary.