

Case Number:	CM13-0043550		
Date Assigned:	01/15/2014	Date of Injury:	02/24/2003
Decision Date:	04/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/25/2013

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:

Patient is a 57 year old female with a date of injury of 2/24/03. Exam notes from 4/19/13 demonstrate complaints of low back pain despite medications. Exam revealed mild tenderness of the lower lumbar spine, a positive straight leg raise on the left and normal range of motion. Diagnosis of back pain, cervicalgia, low back and lumbar radiculopathy. Exam on 8/21/13 demonstrates complaints of low back pain with radiating lower extremity pain. Exam showed mild tenderness of the lower lumbar spine and a positive straight leg raise on the left. Exam on 11/18/13 demonstrates lumbar pain on both sides with left greater than right lower extremity pain. On 11/18/13 a Percocet prescription was written for 10/325mg 1 po tid pm pain #90. Patient also takes Butrans patch 20mcg weekly and states with this combination of medication she is able to stay functional. Other medications include Ibuprofen 600mg bid pm, Neurontin 300mg 8 per day, Nuvigil 150mg 1-2 per day, Cymbalta 90mg per day and Lunesta 3mg at night. Request is for Butrans DIS 20 MCG/HR Day Supply 84 Quantity 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS DIS 20 MCG/HR DAY SUPPLY:84 QTY:12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Section, Buprenorphine.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Butrans. In the records summarized there is lack of functional improvement while on Butrans to warrant continuation. Therefore is not medically necessary.