

Case Number:	CM13-0045900		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2012
Decision Date:	03/26/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 and 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 30-year-old male who reported an injury on 10/05/2012. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the low back. Previous treatments have included acupuncture, physical therapy, and medications. The patient's medications included Butrans and ibuprofen. The patient's most recent clinical evaluation reported that the patient had 9/10 pain without medications that was reduced to 4/10 to 5/10 pain with medications. Physical findings included tenderness to palpation and spasming noted in the lumbar spine. The patient's diagnoses included lumbar disc displacement without myelopathy. The patient's treatment plan consisted of continuation of medications and active therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS Butrans DIS 10mcg/HR day supply 27 QTY: 4 refills: 01: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Buprenorphine Page(s): 60; 26.

Decision rationale: Clinical documentation submitted for review does indicate that the patient has chronic low back pain that would benefit from medication management. However, the

requested medication is recommended by California Medical Treatment Utilization Schedule as an alternative treatment for patients with opioid addictions. The clinical documentation submitted for review does not provide any evidence has any opioid addictions that have required weaning from medications. Therefore, the need for this specific medication is not clearly established. Additionally, the requested 4 refills do not provide an adequate duration of time to re-assess the medication for efficacy. Also, California Medical Treatment Utilization Schedule recommends the continued use of medications be based on symptom relief and functional benefit. The clinical documentation does indicate that the patient has symptom relief; however, there is no documentation of functional benefit to support the continued use of this medication. As such, the requested POS Butrans DIS 10 mg/hour, day supply: 27, quantity: 4, refills: 1, is not medically necessary or appropriate.