

Case Number:	CM13-0047121		
Date Assigned:	12/27/2013	Date of Injury:	05/09/2003
Decision Date:	08/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 60-year-old male who reported an injury on 05/09/2003. The mechanism of injury was not provided. On 12/02/2013, the injured worker presented with severe low back pain. Current medication includes Butrans, Norco, baclofen, and Gralise. Upon examination, the injured worker's reflexes in the lower extremities are decreased but equal, tenderness to palpation over the paraspinals, and a trigger point the right lower paraspinal adjacent to the L4 region with paresthesia and radiculopathy. The diagnoses were lumbago, thoracic lumbar sacral neuritis radiculitis unspecified, postlaminectomy syndrome lumbar region, and degenerative lumbar lumbosacral intervertebral disc. The provider recommended 1 prescription of Butrans 10 mcg with a quantity of 3 refills and 1 urine toxicology screen. The provider's rationale was not provided. The Request for Authorization form was dated 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF BUTRANS 10MCG #4 WITH 3 REFILLS: Upheld

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

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

Decision rationale: California MTUS recommends buprenorphine or Butrans pouch for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification of injured workers who have a history of opioid addiction. The included medical documentation does not indicate that the injured worker is recommended for treatment of opioid addiction, or had a history of opioid addiction. The injured worker does not have a diagnosis that would be congruent with the guideline recommendations of Butrans patch. Additionally, the provider does not indicate the frequency of the prescribed medication. As such, the request is not medically necessary and appropriate.

1 URINE TOXICOLOGY SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43..

Decision rationale: The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. Additionally, the injured worker has had a urine drug screen performed on 12/04/2013. The need for an additional urine drug screen test would not be indicated. As such, the request is non-medically necessary and appropriate .