

Case Number:	CM13-0048603		
Date Assigned:	12/27/2013	Date of Injury:	06/09/2009
Decision Date:	02/27/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 06/09/2009 due to a trip and fall that caused injury to her low back and left knee. The patient was treated conservatively with physical therapy, chiropractic care, acupuncture, and epidural steroid injections. The patient's chronic pain was managed with medications. The patient's most recent clinical evaluation revealed tenderness to palpation over the L4-5 spinal process, a positive straight leg raising test bilaterally, and decreased range of motion of the lumbar spine and hip secondary to pain. The patient's diagnoses included a lumbar strain, lumbar radiculitis, left hip sprain, insomnia and depression. The patient's treatment plan included continuation of medications to include hydrocodone 10/325 mg, ibuprofen 800 mg, and omeprazole 20 mg with continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 mcg/hr. patch: Supply 28, QTY 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of this medication in the treatment of opioid addiction and for patients who have chronic pain especially after they have gone through the detoxification process. The clinical documentation submitted of review does not provide any evidence that the patient has gone through the detoxification process of weaning from opioid usage. Additionally, there is no documentation that the patient is being treated for opioid addiction. Therefore, the need for buprenorphine is not clearly indicated. The clinical documentation indicated that the patient has been using an opioid for pain control for an extended duration of time. There was no indication that the patient would be weaned from that medication usage. As such, the requested Butrans 5 mcg/hr. patch: Supply 28, QTY 4 is not medically necessary or appropriate.