

Case Number:	CM13-0062367		
Date Assigned:	12/30/2013	Date of Injury:	12/18/2012
Decision Date:	05/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 & 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:

This is a 55 year-old female who was injured on 12/18/12 when she was pushing a cart that got stuck on a groove, and she felt a burn in the left lower back. She has been diagnosed with a lumbar sprain, radiculopathy and meralgia paresthetica. According to the 11/12/13 report from [REDACTED], she presents with 6/10 pain in the left hip. She has not been working as modified work is not available. She has been using Butrans patches and is asking for more pain medications. [REDACTED] recommended she continue the Butrans patch at 10mcg/h, reduced Gralise due to weight gain, and refilled Norco 10/325 1-2/day prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS TRANSDERMAL PATCH 10 MCG/HR, 28 DAY SUPPLY, INITIAL:

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BUPRENORPHINE, 26-27

Decision rationale: The patient presents with low back and hip pain. The patient has been on the Butrans patch since at least 9/25/13. Reports from 10/2/13 and 11/12/13 indicate the patches are helping the patient reduce her pain. The MTUS Chronic Pain Guidelines state that buprenorphine is an option for chronic pain. Medical records provided for review were not specific on how much the patch helped reduce the patient's pain, but do indicate that they reduced pain. The MTUS Chronic Pain Guidelines state that a satisfactory response to treatment can be a decrease in the patient's pain, improvement in function or improved quality of life. Reduction of pain is a satisfactory response. The request is medically necessary and appropriate.

BUTRANS TRANSDERMAL PATCH 19 MCG/HR, 28 DAY SUPPLY, REFILL:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The patient has been on the Butrans patch since at least 9/25/13. Reports from 10/2/13 and 11/12/13 indicate the patches are helping the patient reduce her pain. The MTUS Chronic Pain Guidelines state that buprenorphine is an option for chronic pain. Medical records provided for review were not specific on how much the patch helped reduce the patient's pain, but do indicate that they reduced pain. The MTUS Chronic Pain Guidelines state that a satisfactory response to treatment can be a decrease in the patient's pain, improvement in function or improved quality of life. Reduction of pain is considered a satisfactory response and the MTUS Chronic Pain Guidelines do not require discontinuing or weaning pain medications/treatments that are providing a satisfactory response. A refill of the butrans 10 mcg/hr patch that provided the pain relief would be appropriate. The request is medically necessary and appropriate.