

Case Number:	CM13-0071339		
Date Assigned:	01/08/2014	Date of Injury:	07/25/1997
Decision Date:	06/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/27/2013

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 Occupational Medicine 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 patient is a 63-year-old female who has filed a claim for chronic pain state involving the bilateral upper and lower extremities, neck and upper and lower back regions associated with an industrial injury date of July 25, 1997. Medical records from 2013-2014 were reviewed showing the patient making overall improvements with regards to activities of daily living. The most recent progress notes from 2014 were handwritten and partially illegible. Recent examination demonstrated mostly normal findings with noted slight depressed appearance. The patient currently takes Zolpidem, Tramadol, Percocet, and Butrans. Treatment to date has included opioid and non-opioid pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 5MCG/HR, 1 PATCH EVERY 7 DAYS, #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK DISORDERS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, Page(s): 26-27.

Decision rationale: Pages 26-27 of the Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction. In this case, the patient was

prescribed Butrans in December 2013. However, recent progress notes did not document objective measures of analgesia and functional gains attributed with the use of Butrans. In addition, this medication is indicated for opiate addiction, which the patient does not currently have. Therefore, the request for Butrans is not medically necessary.