

Case Number:	CM14-0004801		
Date Assigned:	01/24/2014	Date of Injury:	05/03/2005
Decision Date:	06/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 3, 2005. Thus far, the applicant has been treated with analgesic medications, attorney representation, opioid therapy, muscle relaxant and transfer of care to and from various providers in various specialties. In a utilization review report of December 30, 2013, the claims administrator denied a request for BuTrans patches. The claims administrator cited a variety of non-MTUS Guidelines in his denial, including Third Edition ACOEM Guidelines and ODG Guidelines. The applicant's attorney subsequently appealed. A December 2, 2013 progress note was notable for comments that the applicant reported chronic low back pain. The applicant was reportedly using BuTrans, Xanax, and Tylenol No. 3. The applicant stated that she was doing well on the regimen in question and has been able to work around the house and yard with less pain. BuTrans was again renewed, along with additional acupuncture. It appears that BuTrans patches were initially introduced on an office visit of July 15, 2013, for the purposes of diminishing the applicant's consumption of short-acting opioids. The applicant was using Norco and Flexeril as of that point in time, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR BUTRANS PATCHES #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22, 67-68.

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

Decision rationale: As noted on page 26 of the California MTUS Chronic Pain Medical Treatment Guidelines, BuTrans or buprenorphine is indicated in the treatment of opioid addiction and can also be recommended as an option for applicants with chronic pain after detoxification in individuals who have a history of opioid addiction. In this case, however, no rationale for usage of buprenorphine or BuTrans was provided. It was unclear why buprenorphine was being prescribed. It did not appear that BuTrans was employed to treat opioid induction, the primary intended purpose of the agent in question, per page 26 of the California MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not furnish any compelling rationale for usage of or selection of BuTrans (buprenorphine) here. Therefore, the request is not medically necessary, for all the stated reasons.