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| Case Number: | CM14-0102512 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 06/11/2010 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 Family 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 injured worker is a 46 year old male who was involved in a motor vehicle collision sustaining injuries to his neck and low back on 06/11/10. The submitted records indicate that the injured worker has multiple diagnoses which include post-traumatic stress disorder, cervical post-laminectomy syndrome, and lumbar post-laminectomy syndrome. The records reflect that the injured worker has undergone an anterior cervical discectomy and fusion (ACDF) at C4-5 and C5-6 on 01/29/13 and 360 degree fusion at L1-2 performed on 07/08/13. Postoperatively, the injured worker underwent 16 sessions of aquatic therapy as well as chiropractic treatments and continues to have significantly elevated levels of pain greater than 7-8/10. The record includes an Agreed Medical Evaluation (AME) report dated 06/04/14 which indicates a high probability of pseudoarthrosis in both the cervical and lumbar fusions. The AME subsequently notes that these conditions will need to be investigated further in order to determine if further surgery is indicated. The record contains a clinical note which indicates that the injured worker's fusion remains incomplete. The injured worker was informed that the bone stimulator is not working. The treating physician subsequently recommends that the injured worker be placed on a long acting opiate to decrease his pain levels until he is stabilized further. The record contains a utilization review determination dated 06/02/14 in which a request for Butrans patch 15mcg per hour, 1 patch per week was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans (Buprenorphine) Patch 15mcg/hour 1 patch per week: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Buprenorphine Transdermal System

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

Decision rationale: The request for Butrans (Buprenorphine) patch 15mcg per hour, 1 patch per week is recommended as medically necessary. The submitted clinical records indicate that the injured worker has both cervical and lumbar failed back surgery syndromes. There is evidence of pseudoarthrosis at both fusion constructs. As such, the use of opiate medications would be clinically indicated. Further, given the fact that the injured worker has both cervical and lumbar failed surgery syndromes with elevated pain levels not responsive to short acting opiates, a long acting opiate would be considered medically necessary. As such, the recommendation for Butrans patch 15mcg per hour, 1 patch per week is recommended as medically necessary in an effort to reduce and stabilize the injured worker's chronic pain.