

Case Number:	CM14-0106554		
Date Assigned:	08/01/2014	Date of Injury:	10/15/2012
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year-old individual was injured on October 15, 2012. The mechanism of injury is noted as an injury to the low back while transferring a patient with a Hoyer lift. The most recent progress note, dated May 19, 2014 indicates that there are ongoing complaints of lumbar pain. The physical examination demonstrated that, while sitting in the exam chair in pain, the claimant was able to transfer and ambulates with a guarded posture and an antalgic gait. Fair lower extremity range of motion is noted. Lower extremity strength is reported to be 4/5 on the right due to pain and 5/5 on the left. Sensation to light touch in the lower extremities was not noted. Reflexes in the lower extremities are 2/4. Tenderness to palpation is present across the low back into the right gluteal region. The treatment recommendation was to start a Butrans patch and to start the HELP program. Diagnostic imaging studies include an MRI of the lumbar spine, and an EMG/NCV study. Previous treatment includes pharmacotherapy, physical therapy, home exercise program, ice and heat therapy, and a gym program. A progress note from April 1, 2014 includes no narcotic medication noted as the current medication and goes on to further indicate that the cures database references that the claimant is not receiving opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 27.

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

Decision rationale: The California MTUS guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. This medication is approved for use by the FDA for moderate to severe chronic pain requiring continuous opioid analgesia. This medication is associated with a black box warning and not recommended in patients with a history of substance abuse or mental illness. The medical record provides no documentation that the claimant is currently on any short acting or long acting narcotic analgesia. The documentation available in the medical record fails to substantiate the medical necessity of this medication as there is no evidence that the claimant has required a detoxification program or an ongoing medical necessity for continuous opioid analgesia, nor is there documentation that the claimant has failed to respond to any 1st line short or long acting narcotics. As such, this request for Butrans patches is not medically necessary.