

Case Number:	CM14-0109861		
Date Assigned:	09/16/2014	Date of Injury:	05/01/2011
Decision Date:	12/02/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiologist & Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury of unspecified mechanism on 05/01/2011. On 06/12/2014, her diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, pain in joint, pelvic region and thigh, shoulder joint pain, myalgia and myositis unspecified, and chronic pain syndrome. Her complaints included bilateral low back pain with radiation into both lower extremities, buttocks, hips, thighs, knees, legs, and ankles rated 4/10 to 9/10. Her pain was aching, burning, constant, and variable in intensity. She also had bilateral lower extremity weakness, numbness, tingling, and stiffness with low back spasms. Her pain interfered with her sleep and she felt depressed and anxious. Her pain was aggravated by any activity and alleviated by medication and rest. Her medications included Butrans transdermal patch 10 mcg/hr, omeprazole 10 mg, Ultracet 37.5/325 mg, zolpidem 5 mg, and Voltaren 1% topical gel. The Butrans patch was being prescribed for her degenerative lumbar intervertebral disc condition. A Request for Authorization dated 06/25/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch q week, 28 days Quantity: 4 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine Page(s): 74-95, 26-27.

Decision rationale: The request for Butrans patch q week, 28 days Quantity: 4 with 1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Buprenorphine (Butrans) patch, is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no evidence that this injured worker had or has an opiate addiction. The clinical information submitted failed to meet the evidence based guidelines for Butrans patch. Therefore, this request for Butrans patch q week, 28 days Quantity: 4 with 1 refill is not medically necessary.