

Case Number:	CM14-0017131		
Date Assigned:	04/14/2014	Date of Injury:	09/01/2009
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 Orthopedic Spinal Surgery and is licensed to practice in New York. 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 female who sustained cumulative injuries to her low back, left knee, left leg and right buttocks as a result of working. She had a laminectomy surgery in the lumbar spine. She continues to have leg pain. She continues to have pain in her joints. She is diagnosed with postlaminectomy pain syndrome. The patient continues to suffer from low back pain. The patient reports improvement with narcotic medications and pain. She reports 2/10 pain with narcotic medicine. There is no documentation as to why the patient cannot take oral narcotics. There is also no documentation of a functional restoration program. At issue is whether Butrans patches are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 20MG #4, WITH TWO (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines web-based edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Worker's Compensation, 2014 web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Worker's Compensation, 2014 web-based edition.

Decision rationale: The Chronic Pain Guidelines indicate that buprenorphine is recommended for the treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. This patient does not meet establish criteria for Butrans patch therapy. Specifically, the medical records do not indicate that the patient has an opioid dependence. The patient is not treated for drug addiction. Is also not clear from the medical records why opioid treatments are necessary. Is also not clear why oral preparations of simple opioids would not be suitable. Additionally, the medical records do not contain a functional capacity evaluation with respect to opioid therapy. The criteria for opioid patch use have not been met.