

Case Number:	CM14-0116485		
Date Assigned:	08/04/2014	Date of Injury:	05/18/2012
Decision Date:	11/05/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/24/2014

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 & Rehabilitation 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 66-year-old male with a reported date of injury on 05/18/2012. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar disc displacement without myelopathy and acquired spondylolisthesis. His previous treatments were noted to include surgery, medications, and injections. The progress note dated 06/12/2014 had revealed complaints of back and leg pain. The injured worker revealed the medication was helpful and that his pain reduction was reasonable with the 5 mcg/hour although he still had back pain and leg pain. There was a reduction in burning pain with the use of Gabapentin. The physical examination revealed full motor strength. The physical examination of the lumbar spine was noted to have intact sensation and a negative straight leg raise. There was spasm and guarding noted in the lumbar spine. A preliminary urine drug screen was performed and the results were negative for illicit substances. The request for authorization form dated 07/14/2014 was for Butrans 10 mcg/hour patch for pain. The request for authorization form dated 07/30/2014 was for a urine drug screen to check for medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mg/hr patch #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Butrans 10mg/hr. patch #4 is not medically necessary. The injured worker complained of back and leg pain despite the use of a Butrans patch. The California Chronic Pain Medical Treatment Guidelines recommend Buprenorphine for the treatment of opioid addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. The proposed advantages in terms of pain control include no analgesic ceiling, good safety profile, decreased abuse potential, ability to suppress opioid withdrawal, and an aberrant anti-hyperalgesia effect. Buprenorphine is recommended for opioid withdrawal. There is a lack of documentation regarding previous opioid withdrawal detoxification to warrant Buprenorphine. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, and Steps to Avoid Abuse/Misuse Page(s): 43, 94.

Decision rationale: The request for 1 urine drug screen is not medically necessary. The injured worker had a urine drug screen performed in 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the presence of illegal drugs. The guidelines state for those at high risk of abuse frequent random urine toxicology screens are recommended. There is a lack of documentation regarding the injured worker being at high risk for abuse and the previous urine drug screen performed 02/2014 was consistent with therapy. Therefore, a repeat urine drug screen is not appropriate at this time. As such, the request is not medically necessary.