

Case Number:	CM14-0118489		
Date Assigned:	08/06/2014	Date of Injury:	12/02/1996
Decision Date:	10/03/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational 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 patient is a 58-year-old male who has submitted a claim for right lumbar radiculopathy, chronic lumbar sprain and lumbar herniated disc associated with an industrial injury date of December 2, 1996. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain rated 4-6 on a pain scale of 0-10. Examination revealed a decrease in ROM with tenderness and some decrease in sensation in the right LE. Treatment to date has included surgery, ESI and medications. Utilization review from July 8, 2014 denied the request for Butrans Transdermal Patch 10mcg because it was not clear whether Butrans was being used as a pain medication or if it was being used to work on opiate detoxification and weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Transdermal Patch 10mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Buprenorphine Page(s): 26-27.

Decision rationale: According to pages 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, the patient was prescribed the Butrans patch in combination with Norco for chronic pain relief, based on a progress note dated 6/30/2014. The progress note mentioned that this regimen worked best to control pain and the patch provided a longer lasting pain relief than tablets. However, there was no documentation of the actual benefit in terms of reduction in pain scores and functional improvement. Moreover, it is unclear if the patient experienced side effects from the use of this medication. The patient is also neither post-detoxification nor carries a history of opiate addiction. There is no clear indication for certifying this request at this time. Therefore, the request for Butrans Transdermal Patch 10mcg is not medically necessary.