

Case Number:	CM14-0133280		
Date Assigned:	08/22/2014	Date of Injury:	10/26/2009
Decision Date:	10/02/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with a 10/26/09 date of injury. At the time (7/21/14) of request for authorization for Butrans 10mcg/hour quantity 3, there is documentation of subjective (low back pain with radiation to leg into foot) and objective (swelling in the left foot, color changes, and mottling in the left foot, 4/5 muscles strength hip flexion, knee flexion and extension, and ankle dorsiflexion and plantarflexion) findings, current diagnoses (rotator cuff disorder NEC, pain in limb, lumbar disc displacement with myelopathy, lumbar/lumbosacral disc degeneration, mild osteoarthritis left hip, and piriformis syndrome), and treatment to date (TENS, physical therapy, piriformis injection, and medications (including Butrans since at least 12/13)). There is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Butrans use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hour quantity 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; (Butrans) buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. California (MTUS)-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of rotator cuff disorder NEC, pain in limb, lumbar disc displacement with myelopathy, lumbar/lumbosacral disc degeneration, mild osteoarthritis left hip, and piriformis syndrome. However, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). In addition, given medical records reflecting prescription for Butrans since at least 12/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Butrans use to date. Therefore, based on guidelines and a review of the evidence, the request for Butrans 10mcg/hour quantity 3 is not medically necessary.