MAXIMUS Federal Services

Case Number:	CM14-0134353		
Date Assigned:	08/27/2014	Date of Injury:	05/23/2011
Decision Date:	09/22/2014	UR Denial Date:	07/29/2014
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 Family Practice 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:

This is a 49 year old female claimant who sustained a work injury on 5/23/11 involving the low back and lower extremities. She was diagnosed with chronic pain, lumbar spinal stenosis, thoracic radiculopathy, myalgia and depression. An MRI of the lumbar spine in 2013 indicated facet arthropathy with L5 nerve root compression. A progress note on 1/22/14 indicated the claimant had continued pain in the involved areas that was aggravated with motion. Her pain symptoms were treated with Butrans patches, Baclofen, Flexeril, Nortryptiline, Oxycodone and Aleve. A progress note on 8/7/14 indicated the claimant had 6/10 pain with medications and 10/10 without. Physical findings were notable for decreased range of motion of the lumbar spine and decreased strength on the right lower extremities. She remained on her pain medication and the physician requested continuation of the Butrans patches every 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch Extended Release 20 mcg/hr QTY: 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: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. As a result, the use of Butrans patches is not medically necessary.