

Case Number:	CM14-0150230		
Date Assigned:	09/18/2014	Date of Injury:	06/03/2009
Decision Date:	10/31/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal 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 an injured worker with chronic back pain. Date of injury was 06-03-2009. Emergency room report dated 7/11/2014 documented the patient has chronic back pain with a T12 fracture managed with Butrans patch. Primary treating physician's progress report dated 7/23/14 documented subjective complaints of low back pain. His low back pain extends into his legs. He states he is maintaining well with his symptoms and his medication regimen. He is trying to be more active. He is using Norco, Butrans, Gabapentin, and Flexeril. Objective findings were documented. He can forward bend 45 degrees. There is 80 degrees of straight leg raise with motor intact. Treatment plan included continuation of Butrans 20 micrograms patch weekly and Norco 10/325 mg not to exceed 4 pills per day. The patient was also prescribed Flexeril and Gabapentin. Return visit was planned for 6-8 weeks. Utilization review determination date was 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 20mcg Every 7 Days, #4 1 Refill: Overturned

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, Opioids Page(s): 26-27, 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 26-27) states that Buprenorphine is recommended as an option for chronic pain. MTUS Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. FDA Prescribing Information states that Butrans (buprenorphine) patch is indicated for the management of moderate to severe chronic pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. Butrans is DEA Schedule CIII. Medical records document that the patient has chronic back pain with a history of T12 fracture managed with Butrans patch. Primary treating physician's progress report dated 7/23/14 documented benefit from his medication regimen. The treatment plan included continuation of Butrans 20 micrograms patch weekly and Norco 10/325 mg not to exceed 4 tablets per day. Flexeril and Gabapentin were continued. A follow-up visit was planned for 6-8 weeks. Medical records document pathology and appropriate opioid use. Medical records and MTUS and FDA guidelines support the prescription for Butrans 20 micrograms patch. Therefore, the request for Butrans Patches 20mcg Every 7 Days, #4 1 Refill is medically necessary.