

Case Number:	CM14-0168477		
Date Assigned:	10/16/2014	Date of Injury:	09/12/2012
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, upper back pain, neck pain, shoulder pain, forearm pain, and hand pain reportedly associated with an industrial injury of September 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and opioid therapy. In a utilization review report dated September 30, 2014, the claims administrator denied a request for Butrans patch. The applicant's attorney subsequently appealed. In an August 25, 2014, request for authorization form, the attending provider sought authorization for the Butrans by simply citing guidelines with no applicant-specific rationale and commentary. In a progress note of August 20, 2014, the applicant reported ongoing complaints of hand, wrist, and neck pain. The applicant was reportedly using Tenormin prior to this evaluation, it was suggested. It was stated that the cumulative trauma was the source of the applicant's complaints. Wellbutrin, Butrans, physical therapy, iontophoresis, x-rays of multiple body parts, and laboratory testing was sought. No clear rationale for selection of Butrans was furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg Patch #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th Edition (web) 2014 Pain (Chronic) Buprenorphine for Chronic Pain

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

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Butrans) is recommended for the treatment of opioid addiction and is also recommended as an option for chronic pain in applicants who have previously detoxified off of opioids, who have a history of opioid addiction, in this case, however, there is no clearly stated history of addiction present here. There was no clearly stated history of prior detoxification of opioids. There was no mention that the applicant was previously using opioids. In fact, it appeared that the applicant was not using any opioids prior to the date Butrans was issued, per the requesting provider. No clear or compelling rationale for selection of Butrans was set forth by the attending provider. Therefore, the request was not medically necessary.