

Case Number:	CM14-0178681		
Date Assigned:	11/03/2014	Date of Injury:	01/08/2009
Decision Date:	12/10/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 01/08/2009. The date of the utilization review under appeal is 10/22/2014. There are no treating physician notes which have been provided with the application for independent medical review at this time. An initial physician review recommended non-certification of a request for Butrans; the rationale that the request did not meet the criteria since there was no documented history of failure of first-line pain medications and there was no evidence of opioid addiction which was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Butrans 15mcg #4 on 9/10/2014: 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 Opioids/Ongoing Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, document in detail the four A's of opioid management which are used to guide initial and ongoing prescriptions for opioid medication. At this time, no physician medical records have been submitted with an application for independent medical

review. Therefore, it is not possible to apply the guidelines. This request is not medically necessary.