

Case Number:	CM14-0186104		
Date Assigned:	11/14/2014	Date of Injury:	08/02/2009
Decision Date:	12/30/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of August 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; trigger point injections; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for Butrans patches. Three patches were partially approved for tapering or weaning purposes. The applicant's attorney subsequently appealed. In a September 19, 2014 office visit, the applicant reported ongoing complaints of neck and low back pain. It was stated that the applicant was doing well with long-acting Butrans, presumably for pain relief purposes. 6/10 pain was nevertheless evident. Trigger point injections were performed in the clinic setting. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 15 mcg/hr, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Butrans) is recommended in the recommended in the treatment of opioid addiction and is also recommended as an option for chronic pain in applicants who are previously detoxified off of opioids with a prior history of opioid addiction, in this case, however, it was not clearly stated that the applicant in fact had a history of previous opioid detoxification or previous opioid addiction. No rationale for selection and/or ongoing usage of Butrans was furnished by the attending provider. Therefore, the request was not medically necessary.