

Case Number:	CM14-0035797		
Date Assigned:	06/23/2014	Date of Injury:	07/16/1995
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 & 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:

This is a 63-year-old female who sustained an injury on 07/16/1995. The mechanism of the injury was not provided with the documentation. The injured worker's diagnoses were noted to be failed back surgery, lumbar spine degenerative joint disease, lumbar spine chronic pain, and obesity. The injured worker's prior treatments were noted to be physical therapy, trigger point injections, epidural injections, transcutaneous electrical nerve stimulation, psychiatric therapy, and medications. The injured worker was noted to have diagnostics of MRI of the lumbar spine, nerve conduction study, electromyography, and x-rays. The injured worker had an evaluation on 07/19/2013 and had complaints of pain at the level of 7/10. She indicated that without medications her pain level is beyond 10. The physical examination of the lumbar spine noted sensitivity to palpation. The injured worker's hips were in good alignment; her waist and buttocks seem to be part of the pain syndrome. Her medications were noted to be, OxyContin 80 mg, OxyContin 40 mg, fentanyl 10 mcg, and Zoloft. The treatment plan and recommendations included medication management, home exercise program, and a follow up appointment. The provider's rationale for the request was not submitted within the documentation provided for review. The request for authorization form was not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans (Buprenorphine) transdermal system 5 mcg/hour: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The request for Butrans (buprenorphine) transdermal system 5 mcg/hour is non-certified. The California MTUS, Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. The clinical documentation submitted for review does not indicate the injured worker of having an opioid addiction or a recent detoxification of opioid addiction. The evaluation does not provide an adequate pain assessment. It is not noted if the OxyContin and fentanyl patches are efficacious for management of the injured worker's pain. The provider's request fails to provide a frequency and quantity. Therefore, the request for Butrans (buprenorphine) transdermal system 5 mcg/hour is non-certified.