

Case Number:	CM14-0036290		
Date Assigned:	06/25/2014	Date of Injury:	03/18/2004
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/25/2014

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 Nevada. 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 injured worker is a 37-year-old male who was reportedly injured on 3/18/2004. The mechanism of injury was noted as a wall fell on the claimant, injuring his neck and lower back. The most recent progress note dated 3/6/2014, indicated that there were ongoing complaints of neck pain, headaches and low back pain with intermittent left lower extremity pain/numbness. Physical examination demonstrated decreased cervical spine range of motion with lateral rotation particularly to the right, diffuse right paraspinous muscle tenderness in the mid/upper cervical area, normal lumbar spine range of motion with pain in flexion and extension, midline tenderness at L4-S1, straight leg raising positive on the right at 60, motor & sensory functions intact and deep tendon reflexes (DTRs) brisk and equal in the upper/lower extremities and normal gait. MRI of the cervical spine, dated 6/23/2010, showed disc bulges at C5-C6 and C6-C7. MRI of the lumbar spine dated 10/18/2012 showed disc bulges at L4-L5 and L5-S1. Previous treatment included lumbar epidural steroid injections, lumbar radiofrequency ablation, cervical medial branch blocks on 1/16/2014, home exercises/stretching and the following medications: Cymbalta 60 mg, Ambien 10 mg, ibuprofen 800 mg, Topamax 25 mg, Nucynta ER 100 mg, Norco 10/325 mg and Voltaren gel . A request had been made for Butrans Patch 10 mcg/hour #4 - apply one patch to skin for seven days, which was not certified in the utilization review on 3/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10mcg/hour #4-apply one patch to skin for seven days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 27 of 127..

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records fails to document the criteria for the use of this medication. As such, it is not considered medically necessary.