

Case Number:	CM14-0040303		
Date Assigned:	06/20/2014	Date of Injury:	05/29/2012
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/08/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury on 05/29/2012. The mechanism of injury was a fall. The clinical note dated 02/19/2014 noted the injured worker presented with numbness and tingling in the right hand occurring somewhere between 5 to 10 times a day despite wearing the wrist immobilizing splint, for many months nocturnally. He also stated that he drops items frequently from the right hand. He was experiencing significant pain in the right dorsal central wrist as well as pain on the right dorsal radial forearm. Upon examination of the upper extremities, there was a positive Tinel's sign over the right median nerve at the carpal tunnel and a positive volar wrist flexion compression test and prominence of the right 2nd and 3rd carpal metacarpal joints at the dorsal radial aspect of the right wrist. Prior therapy included surgery and medication. The diagnosis included blunt trauma occurring at the palmar aspect of the right hand secondary to an industrial fall, tear of the right scapholunate interosseous ligament, and tear of the right lunotriquetral interosseous ligament. The provider recommended Butrans; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRAN DIS 5 MCG AN HOUR FOR 28 DAYS, QTY 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burtran.

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

Decision rationale: The California MTUS Guidelines recommend Buprenorphine or Butrans for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in injured workers with a history of opiate addiction. There are few studies that report on the efficacy of Buprenorphine for completely withdrawing injured workers from opioids. In general, the results of studies of medically assisted withdrawals using opioids have shown poor outcomes. Buprenorphine, however, known to cause a milder withdrawal syndrome compared to methadone, and for this reason, may be the better choice of opioid withdrawal therapy. There is lack of documentation of the injured worker participating in a treatment plan for opiate addiction, or suffering from opiate withdrawal. The injured worker has been prescribed Butrans since at least 12/2013. The efficacy of the medication is not provided. As such, the request for Butrans DIS 5 mcg an hr for 28 day, quantity 4 is not medically necessary and appropriate.