

Case Number:	CM14-0042300		
Date Assigned:	09/12/2014	Date of Injury:	03/31/2009
Decision Date:	10/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/09/2014

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 March 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; unspecified amounts of acupuncture; unspecified amounts of manipulative therapy; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 13, 2014, the claims administrator denied a request for Butrans, stating that the applicant had failed to profit from the same. The applicant's attorney subsequently appealed. In an August 21, 2013 progress note, the applicant apparently presented with a primary complaint of chronic low back pain. The applicant was placed off of work, on total temporary disability. The applicant was status post recent epidural injection, it was stated. The applicant did have a remote history of alcoholism, it was stated, but had not abused any substances in the preceding 18 months, it was acknowledged. The applicant's medication list was not detailed on this occasion. On September 28, 2013, the applicant reported persistent complaints of low back and hip pain. A gym program and personal trainer visits were endorsed while the applicant was placed off of work. In a July 23, 2014 progress note, the applicant again reported persistent complaints of multifocal neck, low back, and knee pain. The applicant was given prescriptions for Norco, Nucynta, gabapentin, Prilosec, and Naprosyn. It was suggested that the applicant was already permanent and stationary at this point in time. On August 26, 2014, Neurontin, Naprosyn, Prilosec, Nucynta, and Norco were refilled. 7-9/10 pain was noted without medications versus 4/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10 #4 for date of service 3/11/2014: 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 or Butrans is recommended in the treatment of opioid addiction and also as an option in the treatment of chronic pain in applicants who have previously detoxified off of opioids, in this case, however, no rationale for selection of buprenorphine was proffered. It did not appear that the applicant was intent on using buprenorphine for the purposes of weaning or detoxifying off of opioids. The applicant, rather, appeared to be intent on concurrently using a variety of other opioid agents, including Norco and Nucynta. The progress notes on file, does, did not make any mention of the applicant's using buprenorphine or Butrans for opioid addiction treatment purposes. Therefore, the request was not medically necessary.