

Case Number:	CM14-0043456		
Date Assigned:	07/02/2014	Date of Injury:	05/01/2010
Decision Date:	09/17/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

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 patient is a 46-year-old female who has submitted a claim for unspecified hereditary and idiopathic peripheral neuropathy and cervical syndrome NEC associated with an industrial injury date of May 1, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic, severe neck and right shoulder pain which radiates to her right arm. A progress report on March 18, 2014 noted that the patient had no history of illegal drug use. On exam, the patient was noted to have some sensory loss. Deep tendon reflexes were normal in the upper and lower extremities. Strength in the right upper extremities was decreased although this was not quantified. Treatment to date has included medications (including buprenorphine patch), epidural injections, physical therapy, and a transcutaneous electrical nuerostimulator (TENS) unit. Utilization review from April 3, 2014 denied the request for MED Retro Butrans (Buprenorphine) 5 mcg/hr #4 due to inappropriate indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Retro Butrans (Buprenorphine) 5 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 Page(s): 26-27.

Decision rationale: Buprenorphine is a schedule-III controlled substance which is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). It is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, a recent progress note specifically noted that the patient do not have history of drug addiction. There is no documented rationale for this medication. There is no discussion concerning need for variance from the guidelines. Therefore, the request for MED Retro Butrans (Buprenorphine) 5 mcg/hr #4 is not medically necessary.