

Case Number:	CM14-0045753		
Date Assigned:	06/16/2014	Date of Injury:	05/13/1997
Decision Date:	07/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/07/2014

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 pain syndrome, bilateral ankle pain, bilateral heel pain, and Achilles tendonitis reportedly associated with an industrial injury of May 13, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications, unspecified amounts of physical therapy over the course of the claim; epidural steroid injection therapy; and reported return to regular duty work. In a utilization review report dated March 4, 2014, the claims administrator denied a request for BuTrans patches. The applicant's attorney subsequently appealed. An earlier note of May 6, 2011 is notable for the comments that the applicant had persistent complaints of bilateral ankle, heel, and low back pain radiating to the left foot. The applicant was using Lyrica, Soma, and Norco, it was noted at that point in time. The applicant has returned to regular duty work. In an October 2, 2013 progress note, the applicant was given a refill of Nucynta. Multiple notes interspersed throughout 2013 were notable for comments that the applicant had permanent work restrictions in place. It appeared that the applicant was working with these limitations, although it was not clearly stated. In a February 24, 2013 medication authorization note, the applicant was described as having heightened complaints of low back pain radiating to the leg. The applicant was given refills of Norco, Lyrica, and BuTrans. It appeared, based on the admittedly sparse documentation, the applicant was using BuTrans patches for pain purpose as opposed to opioid addiction purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 BUTRANS TRANSDERMAL PATCH 10MCG/HR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Topic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic).

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

Decision rationale: As noted on pages 26 and 27 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine or BuTrans is recommended in the treatment of opioid addiction. While the MTUS does recommend usage of buprenorphine in limited circumstances as an option in chronic pain, especially in applicants who are previously detoxified, who have a history of opioid addiction, in this case, however, there is no clear presence or history of opioid addiction for which continued usage of BuTrans would be indicated. The documentation on file, as noted previously, is sparse and did not include any rationale for selection or usage of the medication in question. Therefore, the request is not medically necessary.