

Case Number:	CM14-0048422		
Date Assigned:	07/02/2014	Date of Injury:	10/15/2012
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/16/2014

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:

This is a 53-year-old female who sustained injury on 10/15/2012 while carrying a patient to his bed using a Hoyer lift at work and reported pain to her lower back, right hip, and right leg. Treatment history includes physical therapy, medications (Norco, Omeprazole, Motrin, Hydrocodone, Ibuprofen), HEP, ice/heat therapy, and gym program. A progress report dated 04/01/2014 indicates she reported that the pain may decrease to a 5 at best or increase to a 10 at worst. The quality of pain was described as aching, throbbing, shooting, stabbing, sharp, numbing, and pins/needles. On physical exam, she is able to ambulate with a slight antalgic gait on the right. There was slight lumbar lordosis, range of motion of her back revealed forward flexion 70 degrees, extension 5 degrees, right and left side tilting was 20 degrees. Lower extremity ROM was within functional limits. Strength in lower extremity was 4/4 at the ankle, otherwise 5/5. Reflexes were 2/4 at knees and 0/4 at ankles. Log roll on the right side shows mild right-sided low back pain. Faber test on the right shows moderate restriction with right side low back and gluteal pain. SLR on the right was 50 degrees with hamstring stretch and right side low back pain. SLR on left was 80 degrees without pain. There was tenderness to palpation over midline lumbosacral spine as well as paraspinal muscles. UR dated 03/26/2014 indicates that the request for Butrans was non-certified because there is no documentation that the patient is using opiates and no clinical support was noted for the request for Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans-One Patch Every Week #4 (With One Refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine Page(s): 26-27, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Buprenorphine for chronic pain, Buprenorphine for opioid dependence.

Decision rationale: According to MTUS guidelines, opioids are indicated for moderate to severe pain. Long-term use, though controversial, may be warranted if efficacy is demonstrated. Long-term efficacy, over 16 weeks, is not clear for chronic low back pain. There are no trials of long-term use for neuropathic pain. Buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. This is a request for Butrans patch for a 53-year-old female who injured her back on 10/15/12. She has chronic low back pain with radiculopathy. In a 4/1/14 clinic note for entrance into a chronic pain program, the patient describes pain medication as having no change in her condition. She apparently failed a trial of Norco. As of 4/1/14 she was not taking opioids despite being prescribed Butrans on 2/18/14. The merit of starting a chronic opioid medication just prior to entrance into a chronic pain programs is not evident. An orthopedic AME recently recommended against chronic opioid use for her condition. The patient does not have a documented history of opiate addiction or detoxification. Therefore, this request is not medically necessary.