MAXIMUS Federal Services

Case Number:	CM14-0048705		
Date Assigned:	06/25/2014	Date of Injury:	04/05/2011
Decision Date:	08/27/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/27/2014

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 48-year-old male who has submitted a claim for lumbar strain, lumbar disc protrusion, lumbar radiculitis, muscle spasm, sexual dysfunction and insomnia associated from an industrial injury date of April 5, 2011. Medical records from 2013-2014 were reviewed, the latest of which dated January 9, 2014 revealed that the patient states that pain in the low back is between 8-10/10. He states that pain is constant. On physical examination, there is tenderness noted in the mid sacral area. Straight leg raise test is positive at 60 degrees on both sides.Treatment to date has included physical therapy, acupuncture, home exercise program, and medications, which include Norco, Trazodone, Ativan, Morphine sulfate, Ambien, Duragesic patch and Butrans patch.Utilization review from March 7, 2014 modified the request for Butrans 10mcg/hr patch #4 for 3 months to allow for evidence of gradual tapering to Butrans 10mcg/hr patch #4 to permit weaning off because the medical necessity of continued chronic use of this opioid medication has not been established and a weaning process is supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr patch #4 for 3 months to allow for evidence of gradual tapering: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BuprenorphineOpioids Page(s): 26-27, 78-80. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) 11th edition, Pain (updated 01/07/14)Buprenorphine for chronic pain.

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

Decision rationale: As stated on pages 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine 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. The patient has been on Butrans patch since July 2013 for pain. The most recent clinical evaluation did not document objective measures of analgesia and functional improvement with Butrans patch use. In addition, the medical records also failed to provide evidence of history of opiate addiction. There is no clear indication for continued use of this medication. Therefore, the request for Butrans 10mcg/hr patch #4 for 3 months to allow for evidence of gradual tapering is not medically necessary.