

Case Number:	CM14-0049215		
Date Assigned:	06/25/2014	Date of Injury:	12/30/2004
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 50-year-old female who reported an injury on 12/30/2004. The mechanism of injury was not provided. On 03/06/2014, the injured worker presented with chest pain, cough, and night sweats, triggered by cold air and weathered changes. Prior therapy included breathing treatments, medications, and radiology. Current medication included aspirin, Butrans patch, hydroxychloroquine sulfate tablets, Simvastatin, Tramadol, Vitamin D, And Zanaflex. The injured worker also had a past surgical history of back surgery. Upon examination, the injured worker had sleeping problems, shortness of breath, and joint and musculoskeletal symptoms in the back and leg with pain elicited. The diagnoses were shortness of breath on exertion, chest pain, and status post pneumonia. The provider requested a prescription for Butrans 20 mcg/4 hours with a quantity of 4; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Butrans 20mcg/4hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids for chronic pain; Buprenorphine for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for Chronic Pain.

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

Decision rationale: The request for 1 Prescription for Butrans 20mcg/4hr #4 is not medically necessary. The California MTUS Guidelines recommend Butrans patch for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in injured workers who have a history of opioid addiction. The injured worker has been taking Butrans 10 mcg patches, and the provider increased the dosage to 20 mcg. There has been no change in the injured worker's pain level or decrease in function documented to warrant the need for an increase in medication. The efficacy of the medication that was previously taken was not provided. As such, the request is not medically necessary.