

Case Number:	CM14-0050863		
Date Assigned:	07/07/2014	Date of Injury:	09/05/2008
Decision Date:	08/27/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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: Physical Medicine & 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 44-year-old female who reported an injury on 09/05/2008 from a work related incident. The injured worker had a history of lower back pain, right lower extremity pain, and right hip pain, with a diagnosis of chronic pain syndrome, and pelvic, thigh, and joint pain. Past procedures included a radiofrequency ablation at the L4-5 to the lumbar region, and x2 hip injections with minimal relief, a moon boot, and physical therapy. The CT of the right hip dated 01/13/2014 is pending. The past surgical procedure included a right hip revision/replacement. The medications included Xanax 0.5 mg, Norco 10/325 mg, Butrans 10 mcg, Prilosec 10 mg, Tylenol extra strength 500 mg, with reported pain of 4/10 using the VAS. The objective findings dated 02/12/2014 of the lumbar spine revealed, twitch response to palpation at the paravertebra muscles, tight muscle band and trigger point. The range of motion of the right hip was restricted with dramatic reduction in all directions with tenderness. The treatment plan included 1 prescription for Butrans 10 mcg per hour patch. The request for authorization dated 07/07/2014 was submitted within the documentation. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr Patches, Qty:4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for Butrans 10 mcg Qty# 4 is not medically necessary. The California Guidelines recommend Buprenorphine for treatment of opiate addiction. Also, recommended as an option for chronic pain especially after detoxification in the injured worker who has a history of opiate addiction. Per the documentation provided there was not indication that the injured worker had an opioid addiction. Per Guidelines, Buprenorphine is for treating opiate addiction or utilized for chronic pain post detoxification of opiate addiction. The request did not address the frequency. As such, the request is not medically necessary.