

Case Number:	CM14-0051741		
Date Assigned:	06/23/2014	Date of Injury:	12/13/2010
Decision Date:	12/23/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old male with a 12/13/10 date of injury. At the time (2/13/14) of request for authorization for med: Butrans patch 20mcg #4 / three (3) refills (total 12), there is documentation of subjective (low back pain radiating to left leg) and objective (tenderness over lumbar facets, positive Patrick's as well as Faber's test, and positive straight leg raise) findings, current diagnoses (lumbar intervertebral disc degeneration and lumbar radiculitis), and treatment to date (medications (including ongoing treatment with Butrans patch, Lyrica, and Percocet)). There is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Butrans patch use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED: BUTRANS PATCH 20MCG #4 / THREE (3) REFILLS (TOTAL 12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Bupranorphine (Butrans).

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

Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Butrans patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar intervertebral disc degeneration and lumbar radiculitis. However, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). In addition, given documentation of ongoing treatment with Butrans patch, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Butrans patch use to date. Therefore, based on guidelines and a review of the evidence, the request for med: Butrans patch 20mcg #4 / three (3) refills (total 12) is not medically necessary.