

Case Number:	CM14-0053925		
Date Assigned:	07/07/2014	Date of Injury:	03/01/2003
Decision Date:	08/11/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 52-year-old female with a 3/1/13 date of injury. At the time (4/3/14) of request for authorization for Butrans 10mcg #4, there is documentation of subjective (chronic lower back pain with tingling in and numbing sensation radiating into the bilateral legs) and objective (decreased lumbar spine range of motion, facet tenderness, and parasthesias in bilateral L4 and L5 nerve root dermatomes) findings, current diagnoses (degeneration of lumbosacral intervertebral disc, muscle spasms, and sacroillitis), and treatment to date (physical therapy, home exercise program, injections, and medications (including ongoing treatment with Butrans)). Medical report identifies that since last visit the patient's pain is not controlled with medications and that Butrans and Norco will be changed to Zohyde ER. 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 use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation ODG-chronic pain.

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

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 Buprenorphine. 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 degeneration of lumbosacral intervertebral disc, muscle spasms, and sacroillitis. In addition, there is documentation of ongoing treatment with Butrans. However, despite documentation of chronic pain, there is no (clear) documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). In addition, given documentation that since last visit the patient's pain is not controlled with medications and that Butrans and Norco will be changed to Zohyde ER. 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 use to date. Therefore, based on guidelines and a review of the evidence, the request for Butrans 10mcg #4 is not medically necessary.