

Case Number:	CM14-0056199		
Date Assigned:	07/11/2014	Date of Injury:	09/10/2010
Decision Date:	08/28/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/25/2014

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 a 46-year-old who has submitted a claim for low back pain, bilateral lateral epicondylitis, low back pain, and shoulder pain referred from the hands, status post right and left carpal tunnel release (September, October 2013); associated with an industrial injury date of September 10, 2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of pain in the arms and the hands. Physical examination showed that the wrists were both tender. The patient's grasp was weak on both. The patient was very sensitive to the slightest touch throughout the bilateral upper extremities. Treatment to date has included medications, physical therapy, and surgery as stated above. Utilization review, dated April 22, 2014, modified the request for Butrans patch because it was not apparent whether or not the claimant had detoxification of opiate addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 20mcg, quantity of four with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Evidence citation for Butrans patch.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction. In this case, the patient was prescribed Butrans since April 2014. As stated on a progress report dated April 3, 2014, the patient has found that Butrans was more beneficial than Tramadol ER, which she has stopped taking since it was doing nothing. However, objective measures of functional gains attributed with the use of Butrans was not reported. Moreover, the medical records submitted for review 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 Patches 20mcg, quantity of four with two refills, is not medically necessary or appropriate.