

Case Number:	CM14-0057966		
Date Assigned:	07/09/2014	Date of Injury:	12/01/1999
Decision Date:	08/14/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/28/2014

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:

According to the records made available for review, this is a 55-year-old male with a 12/1/99 date of injury, status post fusion L2-4 and L5-S1 (undated), and status post hardware removal (undated). At the time (3/26/14) of request for authorization for Butrans Patch 5mcg/hr, there is documentation of subjective (10/10 back pain described as aching, burning, severe, sharp and stabbing) and objective (pelvic thrust positive bilaterally, positive FABER, Gainslen's, Patricks, and pelvic rock maneuver bilaterally, pain to palpation over the L4 to L5 and L5 to S1 facet capsules, and positive stork test bilaterally) findings, current diagnoses (post laminectomy syndrome, cervical spine, nonunion of fracture), and treatment to date (medications (including ongoing treatment with Butrans)). 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:

Butrans Patch 5mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

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 a diagnosis of post laminectomy syndrome, cervical spine, nonunion of fracture. In addition, there is documentation of chronic pain. However, there is no documentation of opiate addiction or chronic pain after detoxification in patients who have a history of opiate addiction. In addition, 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 Butrans patch 5mcg/hr is not medically necessary.