

Case Number:	CM14-0072862		
Date Assigned:	07/16/2014	Date of Injury:	10/02/2004
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/20/2014

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 applicant has filed a claim for chronic neck pain, hypertension, and depression reportedly associated with an industrial injury of October 2, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; antidepressant medications; psychotropic medications; earlier shoulder surgery; earlier knee surgery; carpal tunnel release surgery; epidural steroid injection therapy; and blood pressure lowering medications. In a May 16, 2012 progress note, the applicant was described as using Naprosyn, Zoloft, Zanaflex, Prilosec, Norco, Pennsaid, and Xanax owing to multifocal complaints of neck, shoulder, wrist, and knee pain. The applicant was placed off of work, on total temporary disability, it was stated at that point in time. In a May 5, 2014 progress note, the applicant reported persistent complaints of neck, shoulder, arm, and knee pain, ranging anywhere from 6-10/10. The applicant was on Zoloft, Norco, Xanax, Wellbutrin, Inderal, and Butrans, it was stated. Chiropractic manipulative therapy was endorsed. The applicant was placed off of work, on total temporary disability while multiple agents, including Norco and Butrans were renewed. In an earlier note dated March 19, 2014, the applicant was again described as using Xanax, Inderal, Norco, Wellbutrin, and Zoloft. Many of the same medications, including Inderal, Wellbutrin, Norco, and Zoloft were also renewed on February 17, 2014, when the applicant was placed off work, on total temporary disability. On several of the progress notes in question, it was not stated for what purpose Butrans is being selected and/or employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MCG/HOUR PATCH #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of buprenorphine in the treatment of opioid addiction and also recommends buprenorphine as an option in chronic pain applicants who have previously detoxified from opioids, in this case, however, no rationale for selection and/or ongoing usage of Butrans was proffered by the attending provider. The fact that the applicant continues to use Norco, a short-acting opioid, along with Butrans (buprenorphine) implies that the attending provider was not, in fact, using buprenorphine for opioid addiction treatment purposes. Again, the attending provider did not furnish any rationale for selection and/or ongoing usage of Butrans (buprenorphine). It was not clearly stated that buprenorphine was being used for opioid addiction purposes. Therefore, the request was not medically necessary.