

Case Number:	CM14-0073573		
Date Assigned:	07/16/2014	Date of Injury:	02/09/2001
Decision Date:	08/18/2014	UR Denial Date:	05/07/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York and Texas. 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 injured worker is a 64-year-old with a reported date of injury on February 9, 2001. The mechanism of injury occurred when the injured worker bent over. His diagnoses were noted to include low back pain, status post discectomy, and scar removal. His previous treatments were noted to include medications. The progress note dated April 21, 2014 revealed the injured worker complained of low back pain radiating to the right lower extremity. His medications were noted to include Vicoprofen 7.5/200 four a day, Lyrica 75 mg twice a day, Nexium 40 mg per day, Colace 250 mg twice a day, Wellbutrin 150 mg 3 times a day, Soma 350 mg 1 twice a day, Xanax 0.5 mg daily, Lidoderm 5% patches, and Flector patches. The injured worker revealed he had not been getting any of his medications because everything had been denied. He reported his pain severe from 9/10 to 10/10. The injured worker revealed previously on his medications he could bring it down to a 5/10. The injured worker revealed he was able to help around the home, help take care of children and household chores. The injured worker was really struggling due to the lack of pain medication. The physical examination revealed the injured worker was walking slowly with a cane and reflexes of his lower extremities were trace. The examination revealed the strength was decreased in both lower extremities to about 4/5. The request for authorization form was not submitted within the medical records. The request was for Butrans patch 15 mcg quantity 4 with 4 refills for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15mcg, quantity of four with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 27, 80-81.

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

Decision rationale: The injured worker had severe pain rated 9/10. The California Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opioid addiction. It is also recommended for chronic pain especially to detoxification patients who have history of opioid addiction. The documentation provided indicated that the injured worker was having significant pain due to lack of pain medication; however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for a Butrans patch 15mcg, quantity of four with four refills, is not medically necessary or appropriate.