

Case Number:	CM14-0087180		
Date Assigned:	07/28/2014	Date of Injury:	05/17/2010
Decision Date:	12/12/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 59 year-old female who has submitted a claim for lumbar intervertebral disc syndrome, thoracic neuritis, sciatica, lumbago and lumbosacral spondylosis associated with an industrial injury date of 5/17/2010. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 8/10 in severity radiating to the right lower extremity. Exacerbating factors included sitting, standing, and lying down. Physical examination showed restricted lumbar motion, positive lumbar facet loading, tenderness, positive straight leg raise test on the right at 30 degrees, and weakness of right extensor hallucis longus rated 4/5. Urine drug screen from 4/16/2014 showed inconsistent results with only positive level of Gabapentin. Treatment to date has included cervical epidural steroid injection, acupuncture, TENS unit, physical therapy, and medications such as Butrans patch (since 2013), Omeprazole, Diclofenac, Pregabalin, and Gabapentin. The utilization review from 5/28/2014 denied the request for Butrans patch 5mcg/hr #4, MED 30 because the most recent urine drug screen showed inconsistent result with negative level of Buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg/hr #4, MED 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 79.

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

Decision rationale: Pages 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, the patient has been on buprenorphine since 2013; however, the indication for which was not discussed. The guideline recommends the use of this medication for patients with opiate addiction, which was not justified in this case. Moreover, urine drug screen from 4/16/2014 showed inconsistent results with only positive level of Gabapentin. Therefore, the request for Butrans patch 5mcg/hr #4, MED 30 is not medically necessary.