

Case Number:	CM14-0087453		
Date Assigned:	09/08/2014	Date of Injury:	09/16/2010
Decision Date:	10/24/2014	UR Denial Date:	05/29/2014
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 Orthopaedic Surgery (Spine Fellowship) 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 54-year-old male with a 9/16/10 date of injury. At the time (5/28/14) of Decision for Butrans (buprenorphine) Transdermal System 20 mcg/hour, there is documentation of subjective (low back pain that radiates down the shin and into the foot with numbness across the top of the foot and toes) and objective (paraspinal spasm, lumbar intersegment motion restrictions, and restricted rotation coupling pattern) findings, current diagnoses (lumbar/lumbar/sacral disc degeneration disease and lumbar/lumbar/sacral facet syndrome), and treatment to date (medications (including ongoing treatment with Norco and Butrans since at least 12/10/13)). 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 use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans (buprenorphine) Transdermal System 20 mcg/hour: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Opioids, and Antispasmodics Page(s): 26, 64, 66, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Cod.

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 diagnoses of lumbar/lumbar-sacral disc degeneration disease and lumbar/lumbar-sacral facet syndrome. In addition, there is documentation of ongoing treatment with Butrans and opioids (Norco). 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 use to date. Therefore, based on guidelines and a review of the evidence, the request for Butrans patch 25mg, # two is not medically necessary.