

Case Number:	CM14-0088146		
Date Assigned:	07/23/2014	Date of Injury:	10/15/2012
Decision Date:	09/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/11/2014

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, 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 injured worker is a 54 year old female injured on 10/15/12. Prior treatment included medication management, physical therapy, home exercise program, ice therapy, heat therapy, and a gym program. Diagnoses included mechanical and discogenic low back pain and evidence of right sided L5-S1 radiculopathy. Clinical note dated 04/01/14 indicated the injured worker presented complaining of low back and right lower extremity pain described as deep ache, throbbing, sharp pain with episodes of numbness and tingling rated 5/10. The injured worker reported she did not require assistance for performance of activities of daily living; however, required assistance for home chores such as vacuuming, mopping, cleaning windows, etc. Medications included ibuprofen, Lisinopril, omeprazole, magnesium and Salonpas patches. Documentation indicated the injured worker was evaluated for [REDACTED] program participation. The initial request for Butrans 5mcg/hour every week was non-certified on 05/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr every week, #4: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Butrans is recommended for treatment of opiate addiction and also as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Suggested injured worker populations include those with a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opioids. Documentation indicates the intent to participate in a [REDACTED] program, which would insinuate a reduction in pain medications. Prior to evaluations for a [REDACTED] program, the injured worker was not utilizing narcotic medications for pain management. It would not benefit the injured worker to begin narcotic therapy during a program attempting to eliminate the need for medications. As such, the request is not medically necessary.