

Case Number:	CM14-0095318		
Date Assigned:	07/25/2014	Date of Injury:	07/07/2005
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 52-year-old male with a 7/7/05 date of injury. He was status post shoulder surgery in 2007 and status post wrist surgery in 2006. At the time of the determination for authorization, there is documentation of fatigue, exercise intolerance, arthralgia, low back pain, myalgia, knee and shoulder pain, and muscle spasms, pain rated 9/10, performance of daily activities not improved, decreased lumbar range of motion in all directions, and tenderness at lumbar facets. Current diagnoses include disc disease lumbar spine, anxiety, insomnia, low back pain, depression, and chronic fatigue syndrome, and treatment to date has been a home exercise program and medications, including ongoing use of Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Disc 10MCG/HR, Quantity: 4/28 Day Supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Treatment: Buprenorphine-Recommended for treatment of opiate addiction Page(s): 26.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that Buprenorphine may be recommended with documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). 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 disc disease lumbar spine, anxiety, insomnia, low back pain, depression, and chronic fatigue syndrome. In addition, there is documentation of chronic pain. However, there is no documentation of opiate addiction or chronic pain after detoxification with 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 or medical services a result of Butrans use to date. Therefore, the request is not medically necessary.