

Case Number:	CM14-0095520		
Date Assigned:	07/25/2014	Date of Injury:	09/24/2012
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
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 Medicine and is licensed to practice in California and Nevada. 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 50 year old male who reported a low back injury on September 24, 2012 while collecting trash and lifting heavy trash cans. The injured worker rated the pain as 4-6/10. There is also an indication the injured worker has right shoulder, bilateral upper extremity and left knee pain. The clinical note dated 03/03/14 indicates the injured worker's past medical history is significant for a PIP fusion at the long finger. The injured worker was identified as having right shoulder impingement as well as chondromalacia of both knees. Clinical note dated 02/03/14 indicates the injured worker complaining of 9.5/10 neck and low back pain. The note indicates the injured worker complaining of radiating pain from the neck into the upper extremities as well as the low back into the lower extremities. Previous use of medications provided inadequate relief. Clinical note dated 01/28/14 indicates the injured worker being recommended for the use of Butrans patches. The note does indicate the injured worker being recommended for a trial of Butrans patches to address the chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Butrans Patches 5mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines Butrans (Buprenorphine) Criteria for use of Opioids.

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

Decision rationale: 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 patient 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. There is no indication in the documentation that first-line treatment options were attempted prior to Butrans. Additionally, there is no evidence of opiate addiction or prior detoxification requiring specialized medication regimens. As such, this request is not medically necessary.