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| Case Number: | CM14-0199742 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 03/27/1999 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Physical Medicine Rehab 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:

This 48 year old female sustained a work related injury on 3/27/1999. The mechanism of injury was not described. The current diagnoses are paraplegia and intracranial injury. According to the progress report dated 11/12/2014, the injured workers chief complaints were pain, which she rated as 3-4/10 on a subjective pain scale. She reports a higher level of functioning with current pain medications. She is able to work full-time, socialize, and travel. The physical examination revealed limited range of motion of the neck. She has functional strength and range of motion of upper and lower extremities. On this date, the treating physician prescribed Butrans Patch, which is now under review. The Butrans was prescribed specifically for around the clock pain. In addition to Butrans, the treatment plan included Floricet, Wellbutrin, Lyrica and Vicodin. When the Butrans Patch was prescribed work status was modified. On 11/20/2014, Utilization Review had non-certified a prescription for Butrans Patch. The Butrans Patch was modified to allow for weaning. The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 5mcg/hr 28 day supply #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rational Use of Opioids for Management of Chronic Nonterminal Pain. Am Fam Physician. 2012 Aug 1;86(3):252-258

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

Decision rationale: The request for Butrans Patch is not medically necessary. The California MTUS Guidelines state, buprenorphine is recommended for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. Within the documentation provided for review, there is no evidence that the patient has opioid addiction. Therefore, the request for Butrans DIS 5mcg/hr 28 day supply #4 is not medically necessary.