

Case Number:	CM14-0202980		
Date Assigned:	12/15/2014	Date of Injury:	04/12/2010
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic groin pain reportedly associated with an industrial injury of April 12, 2010. In a Utilization Review Report dated November 10, 2014, the claims administrator approved Gralise and denied BuTrans patches. Non-MTUS Guidelines on buprenorphine were invoked, despite the fact that the MTUS addressed the topic. The claims administrator also referenced an October 1, 2014 progress note in its determination. On said October 1, 2014 progress note, the applicant reported chronic groin pain. The applicant had received a previous herniorrhaphy procedure through other providers. 7/10 pain was noted. The applicant was using Motrin for pain relief. The applicant explicitly denied any issues with previous drug or alcohol abuse. The applicant was given a diagnosis of residual inguinal hernia on inspection. The attending provider posited that the applicant did not need surgical intervention insofar as the hernias were concerned, however. Both gabapentin and BuTrans were endorsed for pain relief purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr, with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does note that BuTrans (buprenorphine) is recommended for the treatment of opioid addiction and is recommended as an option in applicants with chronic pain who are previously detoxified off of opioids, in this case, however, the applicant does not have issues with opioid dependence, opioid addiction, or opioid abuse for which buprenorphine (BuTrans) would be indicated. Furthermore, the applicant explicitly denied any issues with past or present drug abuse on an October 1, 2014 progress note. The applicant was not using any opioids at that point in time. Buprenorphine (BuTrans) did not appear to be an appropriate choice here. Therefore, the request was not medically necessary.