

Case Number:	CM15-0106494		
Date Assigned:	06/10/2015	Date of Injury:	11/21/2013
Decision Date:	07/13/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 27 year old male, who sustained an industrial injury on 11/21/2013. He reported falling onto his back down some steps resulting in a low back injury. Diagnoses include herniated nucleus pulposus and lumbar radiculopathy; status post laminectomy with microdiscectomy. Treatments to date include anti-inflammatory, muscle relaxer, analgesic, and physical therapy. Currently, he complained of low back pain with right leg numbness. On 4/20/15, the physical examination documented pain with back extension and a positive straight leg raising test on the right side. A second MRI dated September 2014 revealed a four (4) millimeter disc protrusion into the right neural foramen with an annular disc tear. The plan of care included transitioning the injured worker off of Norco. The request was for authorization of Butrans Patch 10 mcg/hr., apply one patch once weekly, #4 with four refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr #4 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Buprenorphine for chronic pain.

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

Decision rationale: The claimant sustained a work injury in November 2013 and continues to be treated for low back pain with right lower extremity numbness. Surgical treatment has included a lumbar laminectomy. When seen, he was taking Norco up to six times per day and running out of medications early. Physical examination findings included pain with lumbar spine range of motion and decreased right lower extremity strength. The BMI was nearly 30. Butrans was prescribed with a goal of transitioning the claimant off of Norco. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, when prescribed the claimant was taking Norco and there appears to be either addiction or pseudo-addiction present. The prescribing of Butrans was appropriate and medically necessary.