

Case Number:	CM15-0107614		
Date Assigned:	06/12/2015	Date of Injury:	03/14/1996
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 represented 70-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 14, 1996. In a Utilization Review report dated May 22, 2015, the claims administrator failed to approve a request for Butrans patches. The claims administrator referenced a May 13, 2015 and associated RFA form in its determination. The claims administrator did, however, approve a request for Norco. The applicant's attorney subsequently appealed. On July 17, 2014, the applicant reported ongoing complaints of low back and left lower extremity. The applicant was using Norco and Neurontin for pain relief, it was reported. The applicant developed comorbidities to include lung cancer, it was reported. The applicant had undergone an earlier thoracolumbar fusion surgery, it was suggested between the T9 and S1 levels. It was stated that the applicant was not a candidate for further surgical intervention. In an RFA form dated June 12, 2015, BuTrans, Norco and Robaxin were endorsed. In an associated progress note dated June 10, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed spine surgery syndrome. The applicant had undergone multiple cervical lumbar spine surgeries, it was acknowledged, without profit. Lower extremity paresthesias were reported. The attending provider stated that the applicant's medications were beneficial in terms of facilitating her ability to clean her house and perform household chores such as doing laundry. The applicant was using a walker to move about. Butrans, Robaxin and Norco were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10 mg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111, 26-27.

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

Decision rationale: No, the request for buprenorphine (Butrans) patches was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or Butrans is indicated in the treatment of opioid addiction and/or can be employed as an option in the chronic pain context in applicants who are previously detoxified off of other opioids who do have a history of opioid addiction. Here, however, the attending provider's documentation, progress notes and commentary did not make readily apparent why buprenorphine (Butrans) was being employed here. The fact that the applicant was concurrently using Norco, a second opioid agent, strongly implied that the applicant was not, in fact, using buprenorphine for the opioid addiction or opioid detoxification purposes for which it is recommended, per page 26 of MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.