

Case Number:	CM15-0134026		
Date Assigned:	07/22/2015	Date of Injury:	04/11/1989
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/10/2015

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 79-year-old female, who sustained an industrial injury on April 11, 1989. The injured worker has complaints of left leg pain and low back pain. The documentation noted in the spine there is palpable muscle spasm and reduced range of motion all planes. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included injections; hydromorphone; valium; lyrica; dilaudid and trazodone. The request was for butrans patch 5 mcg, quantity 4 (trial).

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5 mcg, Qty 4 (trial): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids Page(s): 76-80.

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

Decision rationale: The claimant has a remote history of a work injury occurring in April 1989 and continues to be treated for chronic low back and left lower extremity pain. Medications have included extended release oxycodone, Nucynta ER, and, most recent, hydromorphone at a total MED (morphine equivalent dose) of over 190 mg per day. When seen, pain was rated at 4-7/10. She had recently fractured left ankle. Physical examination findings included decreased balance and left lower extremity weakness. There was decreased lumbar spine range of motion

with muscle spasms. There was decreased lower extremity sensation. Authorization is being requested for Butrans. Hydromorphone is being continued at the same dose. 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, hydromorphone was continued at the same dose, well in excess of the MED recommended and without evidence of medications providing decreased pain, increased level of function, or improved quality of life. The claimant was taking high-dose opioid medication but had not been detoxified. Butrans was not medically necessary.