

Case Number:	CM15-0136965		
Date Assigned:	07/24/2015	Date of Injury:	01/22/2001
Decision Date:	08/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 1/22/01. The injured worker was diagnosed as having fibromyalgia and myositis, cervical disc disorder, and migraine. Treatment to date has included physical therapy, trigger point injections, and medication. On 3/18/15 pain was rated as 2/10 with medication and 5/10 without medication. On 5/22/15 pain was rated as 2/10 with medication and 7/10 without medication. The injured worker had been using Butrans patches since at least 12/31/14. Currently, the injured worker complains of neck pain and lower backache. The treating physician requested authorization for Butrans 15mcg/hr #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15mcg/hr #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for back pain.

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

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant had been on the Butrans for several months in combination with Norco and topical analgesics with only a 2 point reduction in pain. As a result, the use of Butrans patches is not medically necessary.