

Case Number:	CM15-0141919		
Date Assigned:	07/31/2015	Date of Injury:	12/16/1999
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/21/2015

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 67-year-old female who sustained an industrial injury on 12.16.99. The mechanism of injury was unclear. She currently complains of low back pain with improvement since previous visit and a pain level of 3 out of 10 with medications and 10 out of 10 without medications; gastrointestinal upsets. She reports ongoing activities of daily living limitations due to pain in the areas of self-care and hygiene, activity, ambulation, sleep, yet the provider indicates 90% improvement with medications regarding activities of daily living, decreased pain, increased function and improved quality of life (per 6.19.15 progress note). On physical exam of the lumbar spine, there was tenderness on palpation in the spinal vertebral areas L4-S1 levels, moderately limited range of motion. Medications were Celebrex, Butrans patch, Zofran, Morphine, tizanidine. Laboratory evaluation dated 6.19.15 was not consistent with prescribed medications. Diagnoses include lumbar radiculopathy; chronic pain; chronic nausea. Treatments to date include medications with benefit; home exercise program. Diagnostics include MRI of the lumbar spine (3.16.10) showing disc desiccation. In the progress note dated 6.19.15 the treating provider's plan of care includes a request for Butrans patch 5 micrograms #4 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg patch #4 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans 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. It was used in combination with Morphine and Celebrex. As a result, the use of Butrans patches is not medically necessary.