

Case Number:	CM15-0143216		
Date Assigned:	08/04/2015	Date of Injury:	09/11/2009
Decision Date:	09/24/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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 37-year-old female, who sustained an industrial injury on 9-11-2009. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having micro-lumbar decompression, lumbar degenerative disc disease and lumbar spondylosis. There is no record of a recent diagnostic study. Treatment to date has included lumbar surgery, lumbar facet block, and physical therapy and medication management. In a progress note dated 7-2-2015, the injured worker complains of back pain rated 6-7 out of 10 with medications and 8-9 without medication. Physical examination showed limited lumbar range of motion and tenderness. The treating physician is requesting Butrans DIS 10mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 10mcg #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 (4)

Buprenorphine, p26 Page(s): 8, 26, 76-80, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Buprenorphine for chronic pain.

Decision rationale: The claimant sustained a work-related injury in September 2009 and is being treated for chronic low back pain with recent treatments including medial branch radiofrequency ablation. In April 2015, medications included Norco 10/325 mg three times per day. In November 2014, the claimant had a history of opioid and benzodiazepine medication abuse and had episodes of withdrawal. When seen, medications were decreasing pain from 8-9/10 to 6-7/10 and allowing for activities of daily living including house hold activities. Physical examination findings included decreased lumbar range of motion. Butrans and Norco were prescribed. The total MED (morphine equivalent dose) was 50 mg per day. Urine drug screening was performed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in select patients such as a patient at high risk of non-adherence with standard opioid maintenance as in this case. It was being prescribed when the claimant was having ongoing moderate to severe pain. The total MED prescribed was less than 120 mg per day consistent with guideline recommendations. The request is appropriate and considered medically necessary.