

Case Number:	CM15-0163393		
Date Assigned:	08/31/2015	Date of Injury:	12/17/2014
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 33 year old male, who sustained an industrial injury on 12-17-2004. Diagnoses include low back pain. Treatment to date has included medications, physical therapy, chiropractic care and home exercises. Per the Doctor's First Report of Occupational Injury or Illness dated 7-31-2015, the injured worker reported pain in the lower lumbar with radiation, numbness, tingling and burning sensation down the right greater than left leg. He has completed 12 sessions of physical therapy and has seen a chiropractor. Physical examination revealed moderate tenderness to palpation to L3-4, L4-5 and L5-S1. There was mild tenderness to palpation at L1-2 and L2-3. There was full range of motion of the lumbar spine with pain upon flexion. Straight leg raise was positive at 10 degrees on the left and 30 degrees on the right. The plan of care included acupuncture and medication management. Cancel all chiropractic visits. Authorization was requested for Butrans patch 10mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg QTY: 4, three month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Buprenorphine for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Butrans.

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans patch 10mcg #4, three month supply is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnosis is low back pain. The date of injury is December 17, 2004. Request for authorization is July 31, 2015. According to a new patient, initial evaluation dated July 31, 2015, the treating provider prescribed Voltaren gel, cyclobenzaprine and naproxen. There were no opiates prescribed. Subjectively, the injured worker has low back pain that radiates to the lower extremities. 12 physical therapy sessions were rendered. The treating provider prescribed Butrans without any failed first-line opiate treatment. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation with failed first-line opiate treatment, Butrans patch 10mcg #4, three month supply is not medically necessary.