

Case Number:	CM15-0166494		
Date Assigned:	09/04/2015	Date of Injury:	08/24/1992
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 70-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression reportedly associated with an industrial injury of August 24, 1992. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for Suboxone (BuTrans). The claims administrator referenced an RFA of August 14, 2015 and June 29, 2015, in its determination. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of low back pain status post earlier failed spine surgery were reported. Opana extended release, oxycodone, and lumbar MRI imaging were endorsed. The applicant had derivative complaints of anxiety and depression, it was reported. The applicant had completed a functional restoration program, it was reported. The applicant had reportedly detoxified off of opioids, but had apparently resumed taking the same. The applicant was on Flector patches, Lidoderm, Naprosyn, Opana extended release, Opana, and Desyrel. It was reported that note was very difficult to follow, some sections of the applicant's note stated that the applicant was still working, while other sections of the note stated that the applicant was off of work, on total temporary disability. On August 25, 2015, the applicant reported ongoing complaints of low back pain radiating to lower extremities. The applicant was reportedly working in construction; it was stated in one section of the note. The applicant had detoxified off of medications, it was stated in one section of the note. Buprenorphine had been employed to facilitate transitioning the applicant off of other opioids in the past, it was suggested. Suboxone and Desyrel were endorsed on this occasion. The applicant's medication list reportedly

include trazodone, sulfasalazine, Suboxone, oxycodone, Opana extended release, Naprosyn, Lidoderm patches, Flector, Lipitor, Tenormin, and aspirin, it was stated. It was suggested that the applicant was intent on employing Suboxone for the purpose of transitioning off of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Transdermal Patch 10mcg/hour #8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Yes, the request for BuTrans (buprenorphine) was medically necessary, medically appropriate, and indicated here. As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine (BuTrans) is recommended in the treatment of opioid addiction and is recommended as an option in the treatment of chronic pain in applicants who have detoxified off of opioids who do have a history of opioid addiction. Here, the attending provider seemingly suggested on multiple occasions that the applicant was intent on employing BuTrans patches (buprenorphine) as a means of transitioning or tapering off of other opioids, including Opana extended release and oxycodone. The attending provider contended that applicant had apparently used buprenorphine (BuTrans) for this purpose in the past. Resumption of the same was seemingly indicated. Therefore, the request was medically necessary.