

Case Number:	CM15-0182280		
Date Assigned:	09/23/2015	Date of Injury:	01/11/1998
Decision Date:	10/28/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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 1-11-1998. The injured worker was being treated for failed back syndrome-lumbar, sciatica, chronic pain due to trauma, and chronic postoperative pain. On 8-27-2015, the injured worker reported headaches, low back pain, radiating pain into the buttocks, and radiating pain into one leg and muscle weakness. She reported her pain is rated 9 out of 10. Rest and medications alleviate her pain and increased activity, bending, and walking too long aggravates the pain. She reports pain and-or difficulty with working, sleeping, recreation, walking, standing, and social life. She is currently disabled. Current medications include Xanax and Flexeril. Per the treating physician (8-27-2015 report), the injured worker has failed multiple medications including Oxycodone, Morphine, Codeine, Lyrica, Gabapentin, Baclofen, Soma, and Lidoderm. Her pain level is 7-8 out of 10 with medication and 8-9 out of 10 without medications. She reports headaches within 20 minutes after taking her new medication and feeling anxious. The injured worker reported that Nucynta was ineffective. On 8-27-2015, the physician's progress report does not include documentation of a physical exam. Diagnostic studies were not included in the provided medical records. Per the treating physician (8-27-2015 report), the injured worker has undergone the following surgeries: Medstem 2014-2015, bilateral fusion in 2000, and laminectomy in 1998. Treatment has included physical therapy, epidural steroid injections, an internal stimulator, and a transcutaneous electrical nerve stimulation (TENS) unit. The requested treatments included Butrans DIS 10 mcg/hr. Qty 4, 28-day supply. On 9-2-2015, the original utilization review non-certified a request for Butrans DIS 10 mcg/hr. Qty 4, 28-day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 10 mcg/hr Qty 4, 28 day supply: Upheld

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: 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. Controlled substance agreement is not provided. As a result, the use of Butrans patches is not medically necessary.