MAXIMUS Federal Services

Case Number:	CM15-0187134		
Date Assigned:	09/29/2015	Date of Injury:	09/21/2010
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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 67-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 21, 2010. In a Utilization Review report dated September 8, 2015, the claims administrator apparently partially approved a request for Butrans while approving Elavil. The claims administrator referenced an August 21, 2015 office visit and an associated RFA form of August 28, 2015 in its determination. The applicant's attorney subsequently appealed. On a progress note dated September 1, 2015, the applicant reported ongoing complaints of low back pain radiating to the lower extremities. The attending provider stated that the applicant's pain scores were reduced from 10/10 without medications to 3/10 with medications as a result of ongoing Butrans use. The treating provider contended that the applicant's ability to cook, clean dishes, perform personal hygiene, and bathing have all been ameliorated as a result of ongoing medication consumption. The attending provider contended that he was using Butrans for chronic pain purposes on the grounds that the applicant had developed itching with previously prescribed Norco. Butrans and Elavil were ultimately renewed. Permanent work restrictions were also renewed. The attending provider acknowledged that the applicant had previously had inconsistent urine drug screens. The attending provider also acknowledged that the applicant was not working with said limitation in place. On August 21, 2015, the treating provider appealed previously denied Butrans, stating on this occasion that Butrans was diminishing the applicant's pain complaints from 8/10 without medications to 2/10 with medications and ameliorating the applicant's ability to perform cooking, cleaning, self-hygiene, and laundering in unspecified amounts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5 mcg #4: 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, Opioids, criteria for use.

Decision rationale: No, the request for Butrans (buprenorphine) was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or Butrans is recommended in the treatment of opioid addiction and can be employed in the chronic pain context in individuals who have previously detoxified off of other opioids who do have a history of opioid addiction, here, however, no such history of opioid addiction or opioid dependence was seemingly established via a progress note of September 1, 2015, or via an appeal letter of August 21, 2015. The applicant, moreover, failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the attending provider acknowledged that the applicant was not working on September 1, 2015 with a permanent limitation of "no heavy lifting" in place. While the treating provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work, and the attending provider's failure to outline to meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Butrans usage. The treating provider's commentary to the fact that the applicant's ability to cook, clean dishes, bathe, and perform personal hygiene as a result of ongoing medication consumption did not constitute evidence of substantive benefit derived as a result of ongoing Butrans usage and was, moreover, outweighed by the applicant's failure to return to work. Therefore, the request was not medically necessary.