

Case Number:	CM15-0190590		
Date Assigned:	10/02/2015	Date of Injury:	07/15/2009
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 15, 2009. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for Butrans. An RFA form received on September 11, 2015 and an office visit dated "September 9, 2013" were referenced in the determination. The applicant's attorney subsequently appealed. On September 9, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was using Zanaflex and Butrans patches for pain relief, it was reported. 10/10 pain without medications versus 5/10 pain with medications was reported. The applicant's complete medications included Zanaflex, Butrans, Neurontin, enalapril, Paxil, and hydrochlorothiazide, it was reported, several of which were renewed and/or continued. The applicant's permanent work restrictions were likewise renewed. The applicant was not working, it was acknowledged toward the top of the note and was apparently using a cane to move about, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Dis 5 mcg/hr #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 Butrans (Buprenorphine) is recommended in the treatment of opioid addiction and is recommended as an option for chronic pain to applicants who have previously detoxified off of opioids who do have a history of opioid addiction, here, however, no such history of opioid addiction or opioid dependence was set forth on the September 9, 2015 office visit at issue. The applicant, furthermore, seemingly 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, however, the applicant was off of work and "not working," the treating provider acknowledged on September 9, 2015. The applicant was not working with permanent limitations in place. While the treating provider did recount a reported reduction in pain scores with ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work, the applicant's difficulty performing activities of daily living as basic as standing and walking, the applicant's usage of a cane, and the attending provider's decision to renew permanent work restrictions on September 9, 2015, seemingly unchanged from prior visits. All of the foregoing, taken together, suggested that the applicant had in fact failed to profit from ongoing Butrans usage in terms of the parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.