

Case Number:	CM15-0192909		
Date Assigned:	10/07/2015	Date of Injury:	10/10/2002
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/01/2015

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 41 year old male, who sustained an industrial injury on 10-10-2002. The injured worker is undergoing treatment for lumbar disc displacement without myelopathy, chronic pain, lumbar post laminectomy syndrome and sciatica. Medical records dated 9-4-2015 indicate the injured worker complains of back and right buttock pain radiating to the right leg with numbness and tingling. He reports 40% pain reduction with Butrans patch decreasing pain rating from 9 out of 10 to 5 out of 10. He reports use of patch increases function by allowing him to ambulate 1 mile with the patch and only 500 feet without it. Physical exam dated 7-31-2015 notes antalgic gait, decreased sensation in S1 dermatomes. Treatment to date has included Fentanyl injection, failed Buprenorphine sublingual, Norco, Opana, Tramadol, Gabapentin and Lodine, multiple surgeries, removal of lumbar hardware and spinal cord stimulator trial. Note dated 9-4-2015 indicates compliant urine drug screen dated 7-1-2015. The original utilization review dated 9-15-2015 indicates the request for Butrans patch 10mcg #4 (DOS 7/31/15) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg #4 (DOS 7/31/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids for chronic pain, Opioids for neuropathic pain.

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. The claimant had already failed sublingual Butrans. There was no weaning protocol defined. As a result, the use of Butrans patches is not medically necessary.