

Case Number:	CM15-0200091		
Date Assigned:	10/15/2015	Date of Injury:	02/25/2004
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old male who sustained an industrial injury February 25, 2004. Diagnoses are pelvic pain; constipation; left inguinal hernia; groin pain, left lower quadrant; hemorrhoids. According to a treating physician's progress notes dated September 21, 2015, the injured worker presented with inguinal groin pain. The physician documented he might be undergoing another shoulder surgery on Friday. He is still having right shoulder issues from another claim. He is status post right shoulder rotator cuff repair, November 2014, and status post (3) surgeries for inguinal pain (unspecified). The physician further documented overall, treatment is stable on Lyrica and Butrans (since at least May 18, 2015). Hemorrhoids have cleared due to opioid induced constipation. Constipation is reported as better and is using Colace. He is complaining now of left big toe numbness. Physical examination revealed; abdomen soft non tender normal bowel sounds; inguinal tenderness on the focal left side, well healed scars; integumentary-warm pink, oozing rectal area with hemorrhoid. Medication and treatment agreement signed October 6, 2014, previous urine drug screen in compliance and another urine drug screen obtained during the visit. At issue, is a request for authorization for Butrans ER. According to utilization review dated September 28, 2015, the request for Colace was certified. The request for Butrans ER 15mcg-hour #4 with (1) refill, Quantity: (8) was modified to Butrans ER 15mcg-hour #4 with (1) refill Quantity: (4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans ER (extended release) 15 mcg/hr, Qty 4 with 1 refill, 8 total: Upheld

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

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 26-27 recommends use of Buprenorphine as an option in the treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In this case, there is lack of evidence in the records of 10/6/14 of opiate addiction to warrant the use of a Butrans patch. Therefore, the request is not medically necessary.