

Case Number:	CM15-0203616		
Date Assigned:	10/20/2015	Date of Injury:	08/03/2001
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/16/2015

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: 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 59 year old male, who sustained an industrial injury on 8-3-01. The injured worker is diagnosed with lumbar spine herniated disc, lumbar radiculopathy and lumbar facet arthropathy. His work status is modified duty. Notes dated 5-4-15, 8-3-15 and 9-3-15 reveals the injured worker presented with complaints of bilateral low back pain that radiates into his groin and buttocks and is rated at 6 out of 10. He reports numbness, cramping and spasms in his left leg and occasional mild pain to the right leg. He is able to sit, stand and walk for 15 -20 minutes. He reports difficulty engaging in household chores. Physical examinations dated 5-4-15, 8-3-15 and 9-3-15 revealed tenderness to palpation over the L3-L5 spinous processes and the lower lumbar spine with mild tenderness noted over the lumbar paraspinals bilaterally. His range of motion is decreased in all planes and there is decreased sensation is noted in the left L3, L4, L5 and S1 dermatomes. In a note dated 9-3-15 the injured worker has had the following treatments; lumbar fusion L4-L5 and L5-S1, bilateral medial branch block resulted in pain relief from 9-10 out of 10 to 6-7 out of 10; bilateral transforaminal epidural steroid injection provided 20% relief; acupuncture did not provide any benefit; chiropractic therapy; LSO back brace; medications; Norco, Butrans (9-3-15), Tramadol (discontinued) reduces his pain from 7 out of 10 to 5 out of 10 and allows him to be more active. Diagnostic studies include lumbar spine MRI dated 3-2-15 revealed degenerative disc disease and facet arthropathy, canal stenosis and neural foraminal narrowing per physician note dated 9-3-15; bilateral lower extremities electrodiagnostic studies dated 7-10-13 revealed an abnormal study per physician note dated 8-3-15 and urine toxicology screen. A request for authorization dated 9-3-15 for Butrans patch 5mcg #4 is non-certified, per Utilization Review letter dated 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg #4: 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 9/3/15 of opiate addiction to warrant the use of a Butrans patch. Therefore, the request is non-certified.