MAXIMUS Federal Services

Case Number:	CM15-0208775		
Date Assigned:	10/27/2015	Date of Injury:	07/25/2007
Decision Date:	12/08/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/23/2015

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: 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 female individual who sustained an industrial injury on 7-25-07. The medical records indicate that the injured worker has been treated for cauda equine syndrome; migraine headaches; post laminectomy syndrome of lumbar region; neurogenic bladder and bowel; radial styloid tenosynovotos; pain in joint of hand; spinal stenosis with bilateral foraminal stenosis; chronic pain syndrome. She currently (6-9-15) complains of chronic lumbar pain and right thumb pain. Pain levels were not enumerated. On physical exam (6-9-15) she has a normal gait; on palpation of the lumbar spine there were paravertebral muscle spasms and tenderness bilaterally, spinous process tenderness on L4-5, normal range of motion (per 5-18-15 note); there was swelling of the right thumb with painful range of motion and tenderness. Treatments to date include home exercise program; educated in functional restoration program; medications: Cymbalta, promethazine, methadone, Butrans patch (started sometime after 5-18-15), Celebrex: prior medication: Percocet, lorazepam, Neurontin, Zantac, Valium; status post right de Quervain's release and lumbar discectomy; injection right 1st joint (6-9-15) for increased pain and swelling, post procedure she had a 0 out of 10 pain level; spinal cord stimulator; physical therapy for the lumbar spine; traction with 30% improvement; cognitive behavioral therapy; transcutaneous electrical nerve stimulator unit. The request for authorization was not present. On 9-17-15 Utilization Review non-certified, the request for Butrans patch 20mg 1 patch per week times 4 with 1 refill, modified to 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mg patch apply 1 patch per week #4 Refill 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. A taper schedule was planned for 2 years. The claimant was on Percocet as well. As a result, the use of Butrans patches is not medically necessary.