

Case Number:	CM15-0021497		
Date Assigned:	02/13/2015	Date of Injury:	07/18/2011
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 45 year old male who sustained an industrial injury on July 18, 2011. He has reported a back injury and has been diagnosed with obesity, cervical strain, and lumbar disc disease. Treatment has included medications. Currently the injured worker had mild distress, stiffness of movement, and knee favoring. The treatment plan included to retry the butrans patch. On January 15, 2015 Utilization Review non certified Butrans Patch 10 mcg # 4 citing the MTUS, ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10 MCG #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Butrans

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans patch 10mcg #4 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in

selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are obesity; cervical strain; and lumbar disc disease. The documentation contains two progress notes. The progress note dated December 18, 2014 shows the injured worker is taking diazepam, Norco and Oxycontin. The treating physician started a trial of Butrans (dose) on that date. A follow-up progress note dated January 22, 2015 states the trial of Butrans blunted the opiate withdrawal effects, however, did not provide an analgesic effect. The request for authorization states Butrans 10mcg is ordered. The progress note states Butrans 20mcg requested. The documentation is unclear as to what trial dose was used and what the treating physician was now requesting. Additionally, the documentation does not show a reduction or attempted weaning with diazepam 5 mg, Norco 10/325 mg and Oxycontin 60 mg ER. Additionally, the documentation does not show the previous attempt at detoxification from other high-dose opiates and noncompliance with standard opiate maintenance. Consequently, absent clinical documentation with a clinical indication and rationale for continued Butrans, Butrans 10mcg #4 is not medically necessary.