MAXIMUS Federal Services

Case Number:	CM15-0036963		
Date Assigned:	03/05/2015	Date of Injury:	02/18/2014
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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 35 year old female, who sustained an industrial injury on February 18, 2014. She has reported a backwards fall landing her buttocks. Diagnoses have included musculoligamentous strain and sprain of the lumbar spine and chronic low back pain. Treatment to date has included lumbar epidural injection, diagnostic studies, physical therapy, chiropractic therapy, acupuncture and medications. On February 2, 2015, the injured worker complained of pain throughout her back with radiation into the lower extremities. The pain was noted to be stopping her from worker and from simple activities of daily living. She feels all conservative treatments did not alleviate her pain. On February 19, 2015, Utilization Review non-certified Butrans patch, noting the CA MTUS Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26, 27.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans patch 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 non-adherence 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 L 4 - L5 disc disruption with bilateral lumbar radiculitis and neural foraminal stenosis. A progress note dated July 3, 2014 recommends Tramadol. Follow-up progress notes from October 2014 and December 2014 do not have any medications listed in the medical record. A February 2, 2015 pain management consult contains a review of the medical record. The recommendations include continuing Ultram and Xanax. There is an outstanding request for Butrans. There is no strength for Butrans in the medical record. There is no clinical indication or rationale for Butrans in the medical record. There are no pain assessments in the medical record or risk assessments in the medical record reflecting ongoing opiate use. There is no documentation of objective functional improvement as it relates to Tramadol and Xanax in the medical record. Consequently, absent clinical documentation with objective functional improvement (Tramadol and Xanax) with a clinical rationale/indication for Butrans, Butrans patch is not medically necessary.