

Case Number:	CM15-0037972		
Date Assigned:	03/06/2015	Date of Injury:	01/03/2013
Decision Date:	04/16/2015	UR Denial Date:	02/12/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with industrial injury of January 3, 2013. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for Butrans patches. A January 19, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On December 2, 2014, the applicant reported persistent complaint of low back, knee, and hip pain. The applicant was using Oxycontin and Maxalt, it is incidentally noted. The applicant was returned to regular duty work; it was suggested on this occasion. In an applicant questionnaire dated December 2, 2014, the applicant stated that she was suffering from the "worst disability" in terms of any activities, including social activities, occupation, self-care, and recreational activities. Robaxin and tramadol were refilled through RFA forms of December 2, 2014. On February 27, 2015, the applicant was given a sacroiliac joint injection. The applicant's attorney stated in an appeal later dated February 26, 2015 that he believes that usage of buprenorphine was appropriate for the applicant's chronic pain issues. The applicant's attorney language was somewhat circuitous and did not explicitly state whether or not the applicant was or was not using Butrans to wean or taper off of opioids or whether or not the applicant had experienced symptoms with opioid addiction in the past. On January 25, 2015, the applicant's treating provider noted the applicant experienced 8/10 pain complaints. The attending provider suggested that the applicant was working despite ongoing pain complaints. The applicant was obese, with a BMI of 34. The applicant's medication reportedly includes Robaxin and Maxalt. The SI joint injection therapy

was proposed. There was no mention made of the need for Butrans patches on this date. In an RFA form dated January 19, 2015, Butrans patches were endorsed. In an associated progress note of the same date, the applicant was asked to employ Butrans patches on a trial basis. It was suggested that the applicant had been unable to tolerate various opioid agents, including Norco, tramadol, Vicodin, Percocet, and the like. The applicant had apparently developed rashes with multiple other opioid agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg/hr quantity: 360.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines buprenorphine- recommended for treatment of opioid addiction Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Functional Restoration Approach to Chronic Pain Management Page(s): 26; 7.

Decision rationale: Yes, the request for Butrans patches was medically necessary, medically appropriate, and indicated here. As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine or Butrans is recommended in the treatment of opioid addiction and is also recommended as an option for chronic pain, especially after detoxification in applicants who have a history of opioid addiction. Here, it appeared that the attending provider introduced buprenorphine or Butrans for chronic pain purposes on the grounds that the applicant had developed issues with allergies and/or intolerance to numerous other first and second line opioids, including morphine, Tylenol with Codeine, Vicodin, Norco, Percocet, etc. Introduction of buprenorphine or Butrans was, thus, indicated on or around the date in question, particularly in light of the applicant's reports that she was not deriving appropriate analgesia and/or had developed adverse effects while using other agents. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication side effects into his choice of pharmacotherapy. Introduction of Butrans, thus, was indicated on or around the date in question, given the foregoing. Therefore, the request was medically necessary.