

Case Number:	CM15-0049149		
Date Assigned:	03/23/2015	Date of Injury:	11/21/1995
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 11/21/1995. She reported injury from a slip and fall. The injured worker was diagnosed as having chronic pain syndrome, lumbago, cervicalgia and lumbosacral and cervical spondylosis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, chiropractic care, epidural steroid injections and medication management. Currently, the injured worker complains of right low back pain that radiates down the right lower extremity, right neck pain and headaches. In a progress note dated 2/26/2015, the treating physician is requesting Butrans patch 15 mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The patient presents with right low back pain that radiates down the right lower extremity, right neck pain, and headaches. The current request is for Burtrans patch 15mcg #4. The treating physician states, in a report dated 01/08/15, "Patient has brought in her medications for count. She has #4 Burtrans patches. The pain is worse. The sleep pattern is worse. The functionality is worse. The medication usage is the same. Her current medication for pain, burtrans patches, have not been addressing her pain very well." (26B) The MTUS guidelines state, "Recommended for treatment of opiate addiction, also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." In this case, the treating physician has noted that the burtrans patches have not been effective in decreasing the patient's pain. This is corroborated in a report 02/26/15 where the pain is reported as worsening since the last visit. Given the lack of functional pain improvement, the current request is not medically necessary and the recommendation is for denial.