

Case Number:	CM15-0083136		
Date Assigned:	05/05/2015	Date of Injury:	11/26/2002
Decision Date:	06/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

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

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 59 year old female, who sustained an industrial injury on 11/26/2002. She reported injury from a trip and fall. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbago and sciatica. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 3/18/2015, the injured worker complains of low back pain. Current medications include Butrans patch-initiated at 2/4/2015 visit, Alprazolam and Valium. The treating physician is requesting Butrans 5mcg/hour patch #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr patch #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 2002 and continues to be treated for low back pain. When seen, opioid medications were being weaned. She was taking Norco 5/325 mg every 4-6 hours as needed for pain. Medications previously prescribed had included fentanyl 50 mcg and Percocet taken up to six times per day. Pain was rated at 8/10. Physical examination findings included decreased and painful lumbar spine range of motion with positive facet loading and positive left straight leg raising. There was decreased left lower extremity sensation. Norco was discontinued and Butrans was prescribed. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids as in this case. It was therefore medically necessary.