

Case Number:	CM14-0108665		
Date Assigned:	09/16/2014	Date of Injury:	11/01/2010
Decision Date:	10/23/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old female with an injury date of 11/01/10. Her mechanism of injury is described as working on an assembly line, pulling stuck board and injuring her low back. The submitted records indicate the injured worker has been treated with medications including Butrans as well as a functional restoration program. The injured worker was seen on 05/09/14, and described a flare up of her pain with pain rated at 8-9/10. It was noted she completed a functional restoration program at that time, and she has a stable gait using a cane at that time. The request previously for Butrans patch was not considered medically necessary by utilization review as there was a lack of documentation of failure of lesser medications. A request has been made for Butrans patch 5mcg/per hour weekly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg/hr weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 26-27.

Decision rationale: The submitted records failed to identify a rationale for this medication. The submitted records indicated the injured worker has been through a functional restoration program, and she reported since she had been off Tramadol and Oxycodone, she did feel a lot better mentally. The records do not indicate a significant rationale for taking her off Tramadol and/or Oxycodone, other than her subjective reports. The records do not indicate a failure of lesser measures such as prescribing Norco at a different dosage or different strength, different dosing schedule or different strength, and do not indicate a rationale for a Butrans patch at this time. This request therefore, is not considered medically necessary.