

Case Number:	CM14-0121674		
Date Assigned:	09/16/2014	Date of Injury:	10/31/2009
Decision Date:	10/28/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine and is licensed to practice in Tennessee, California & Florida. 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 47 year old female injured on 10/31/09 as a result of repetitive lifting. Diagnoses included low back pain, lumbar spine radiculopathy, and chronic pain syndrome. Treatment included physical therapy and medication management. Clinical note dated 05/15/14 indicated the injured worker presented complaining of flare up of back pain, neck pain, anterior shoulder pain, left greater than right, and low back pain. The injured worker reported significant depression with suicidal thoughts the previous night due to significant pain. The injured worker also complained of constipation with the use of Butrans patch. The injured worker reported generalized low back pain radiating to the left lower extremity with associated weakness in the legs. The injured worker reported pain helped some by Butrans patch; however, vicodin caused headache. The injured worker reported overall 60% improvement with current regimen including improved pain, range of motion, activity, and activities of daily living. Medications included tramadol, Butrans, Neurontin, and prescription for Senna. Physical examination revealed pain 5/10, left shoulder range of motion diminished, severe tenderness of the lumbar spine bilaterally, diminished range of motion, straight leg raise positive on the left, tenderness to palpation right sacroiliac joint, and lower extremities examination within normal limits. A request for 4 patches of Butrans 5mcg/hr with 1 refill was denied in the pre-authorization process on 07/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Patches of Butrans 5mcg/hr with 1 refill: Overturned

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

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

Decision rationale: As note on page 26 of the Chronic Pain Medical Treatment Guidelines, Butrans is recommended for treatment of opiate addiction and also as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Suggested injured worker populations include those with a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opioids. There is clear documentation regarding the functional benefits and substantial functional improvement obtained with the continued use of this medication. As such, the request for 4 Patches of Butrans 5mcg/hr with 1 refill is supported as medically necessary.