

Case Number:	CM14-0123182		
Date Assigned:	08/08/2014	Date of Injury:	10/27/2009
Decision Date:	11/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Alabama & Maryland. 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:

Claimant is a 53 year old female who sustained an injury on 10/27/09 when she was hit by a basketball in the back of the head and neck. Provider's note on 6/10/14 is consistent with a persistent neck pain for which she takes Norco with withdrawal effects from the medication. Patient is asking about suboxone treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 5mcg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26, 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Buprenorphine for chronic pain & Buprenorphine for opioid dependence

Decision rationale: Based on the CA MTUS/ODG guidelines, Butrans patch is recommended for opioid weaning in an outpatient setting (without the aid of an addiction specialist) and a slow taper is generally recommended. This process is more difficult if patient has been on higher dosage of opioids, and/or if the patient has other comorbidities. Furthermore, an evaluation for

use of other substances is recommended for patients on high dose opioids who appear to have substance-use pathology. There has been no evidence, based on the available medical records, that weaning was done at a time the patient was not having a flare in pain and there has been no detailed evaluation suggesting that the patient's complaints are from severe withdrawal from 30 tablets of Norco per month. Furthermore, there is no evidence in the documentation available, that the weaning attempts were under the provider's supervision or that the patient has been taking any other controlled substance. Based on the guidelines and the available medical records, this request is not be medically necessary.