

Case Number:	CM14-0127582		
Date Assigned:	09/24/2014	Date of Injury:	06/11/2007
Decision Date:	11/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/11/2014

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 Practice 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:

57 year old female claimant sustained a work injury on 12/25/57 involving the low back. She was diagnosed with L5-S1 lumbar disc pain syndrome, and long standing history of fibromyalgia and Bipolar disorder. A progress note on 5/13/14 indicated the claimant had global pain. Exam findings were notable for cervical and lumbar tenderness. Gait was normal. She had previously been treated with epidural steroid injection which provided some relief. Tylenol had been used a few months ago but did not provide relief. She was continued on Butrans, Norco and Gabapentin for pain. She had been on the Norco and Butrans for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20mcg 1 Q week: Upheld

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

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

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal.

In this case there is no mention of opioid addiction or need for opioid detoxification. As a result, the use of Butrans patches is not medically necessary.

Norco 10/325 mg 1 PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a few months along with Buprenorphine. The claimant's function improved and there was no indication of requiring multiple opioids. The continued use of Norco is not medically necessary.