

Case Number:	CM14-0129862		
Date Assigned:	08/20/2014	Date of Injury:	12/03/1997
Decision Date:	10/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Missouri and 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 patient is a 54-year-old female who was injured on 12/03/1997. The mechanism of injury is unknown. Prior treatment history has included home exercise program, Celebrex, and Vicodin. There are no updated urine drug screenings available for review. Progress report dated 06/26/2014 documented the patient to have complaints of low back pain, which restricts her function. She reported Celebrex helps with the pain as needed and she would like to try Burton's patches for increased pain control. Objective findings on exam revealed functional strength and range of motion of lower extremities and sensation is intact. She has 80 degrees of flexion and 0-degree extension of her lumbar spine. She is tender to palpation in the lumbar spinous processes. She is diagnosed with lumbago, lumbar disc displacement without myelopathy. The patient is recommended to continue with Vicodin 5/300 mg, Celebrex 200 mg and start Butrans patch 5 mcg. If Butrans is effective in reducing the patient's pain, the patient will be weaned off Vicodin. Prior utilization review dated 07/07/2014 states the request for Butrans Patch 5mcg #4 is denied, as the medical necessity has not been established.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition, and the Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Butrans Package
<https://www.butrans.com/hcpportal/f?p=BUTRANSRX:HOME:0>

Decision rationale: The treating physician in this case requested both Hydrocodone/APAP as well as Butrans. This is a duplicative prescription of Schedule III opioid medications. The rationale offered is that the Hydrocodone would be tapered if the Butrans were effective. However, the treating provider fails to identify whether or not the patient is taking the hydrocodone on a scheduled basis or on an as-needed basis as prescribed. This failure of documentation renders the request not medically indicated, as the provider has no knowledge of the patient's medication utilization, making the Butrans dose only a guess. The MTUS guidelines relating to Buprenorphine relate to opioid addiction and the use of agents such as Suboxone and therefore not particularly helpful in this case. Until the provider is able to document the total daily dose of Hydrocodone that the patient uses on a daily basis and offers a rationale for why the needs to be treated with an around the clock opioid, the request is not medically necessary.