

Case Number:	CM14-0149485		
Date Assigned:	09/18/2014	Date of Injury:	02/11/2011
Decision Date:	11/04/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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 Utah. 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 38 year-old male. The patient's date of injury is 2/11/2011. The mechanism of injury is not stated. The patient has been diagnosed with low back pain, lower extremity radiculopathy, myofascial pain, chronic pain syndrome, lumbar disc pain and depression. The patient's treatments have included surgical intervention, EMG and NCS, injections, physical therapy, massage therapy, imaging studies, and medications. The physical exam findings dated Oct 10, 2014 show he is in no acute distress with his gait noted as antalgic. The lumbar spine exam is noted to be at 5-/5 bilaterally lower extremity strength, with sensation intact but decreased in the posterior thigh bilaterally. The DTR are noted as 2/2 and symmetric. The Patrick's and Gaenslen's test are negative. There is tenderness over the paraspinal muscles. The patient's medications have included, but are not limited to, Butrans, Flector Patch, Norco, Naproxen and Ondansetron. The request is for Butrans Patches. This patient is currently taking this medication, but it is unclear what the outcomes include.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 15mcg #4: Upheld

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
Buprenorphine Page(s): 26-27.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Butrans patches. The clinical records lack documentation that state the patient has had a history of opiate addiction or has undergone a detoxification regimen that would warrant the usage of Butrans. According to the clinical documentation provided and current MTUS guidelines, Butrans patches are not indicated as a medical necessity to the patient at this time.