

Case Number:	CM14-0153896		
Date Assigned:	09/23/2014	Date of Injury:	01/29/2009
Decision Date:	10/29/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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 Emergency Medicine 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:

The patient has a reported date of injury on 1/29/2009. The patient also had a reportedly prior injury as well. The mechanism of injury is described as a lifting injury. The patient has complains of thoracic back pain, lumbar pain, thoracic disc extrusion and seizure disorder. Medical reports reviewed. The patient complains of mid and low back pain. Objective exam reveals neurologically intact and moving with normal gait. Treating physicians are reportedly avoiding opioids for pain management. Trial of Butrans was ordered for chronic pain management. EMG (6/2/09) of lower extremities was normal. MRI of Lumbar spine (6/27/09) was significant for exaggerated lumbar lordosis but was normal otherwise. MRI of thoracic spine (11/5/10) revealed T7-8 disc extrusion with mild impression onto spinal cord. No recent medication list was provided for review. The patient is reportedly only on Topamax and Keppra. The patient has reported physical therapy, TENS and acupuncture with no improvement. The patient has had T8-9 epidural steroid injection and L3-5 radio frequency ablation with no improvement. Independent Medical Review is for Butrans patch 15mcg #4 with 2 refills. Prior UR on 9/17/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 15mcg QTY 4 with 2 refills: Upheld

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

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

Decision rationale: Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. As per provided record, providers are attempting to control pain without opioid medications and patient is apparently upset that he is not getting narcotic pain medications. While a trial of Butrans may be appropriate for patient's chronic pain, the excessive number of refills with lack of monitoring on initiation of a medication with potential side effects are not consistent with recommendation of monitoring of opioid use as per Opioid section of MTUS which recommends more consistent visits and exam with treating physician during initiation of opioid therapy. The prescription of Butrans with 2 refills is not medically necessary.