

Case Number:	CM14-0181647		
Date Assigned:	11/06/2014	Date of Injury:	07/29/2010
Decision Date:	12/15/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/31/2014

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 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:

This injured worker's date of injury is 07/29/2010. Documentation regarding the original injury was not provided; however, a treating physician stated the patient slipped and fell due to water on the floor. This patient receives treatment for chronic low back pain, pain in the coccyx region, lumbosacral radiculitis, and degenerative spinal disc disease. A lumbar MRI on 10/08.2010 showed small disc bulging and some degenerative facet joint disease. Electrodiagnostic studies on 11/18/2010 were normal. On exam lumbar flexion reached 65 degrees. Motor and reflex exams were normal. Medications used include ibuprofen, acetaminophen with codeine, tramadol, Seroquel, Celexa, Latuda, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for Butrans transdermal system 5 mcg - patch apply one patch for 7 days #4:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, 11th Edition, 2014, Pain (Chronic), Buprenorphine for Chronic Pain

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

Decision rationale: The medical treatment guidelines state that Buprenorphine is recommended for the treatment of opiate addiction. This drug may be a treatment option in patients with chronic pain, once they have withdrawn from other opiates. This patient is still being treated with acetaminophen and codeine along with the Butrans patch. In addition, there's no documentation to show that the patient's level of function has improved with the use of either drug. For these reasons, the retrospective request for Butrans is not medically indicated.