

Case Number:	CM14-0183396		
Date Assigned:	11/10/2014	Date of Injury:	07/25/1997
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 injured worker is a 64-year-old male who reported an injury on 07/25/1997. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of chronic pain, involving the bilateral upper and lower extremities, neck and upper and lower back regions, type 2 diabetes, hypertension, sleep disorder, obesity, dyslipidemia, hypothyroidism, apparent osteoporosis and/or osteopenia, anxiety state, and depression. Past medical treatment consists of the use of a TENS unit and medication therapy. Medications include Percocet 10/325; Butrans patches 5 mcg, tramadol 50 mg, and Zolpidem CR 12.5 mg. No diagnostics were submitted for review. There were no physical examination findings submitted for review. The medical treatment plan is for the injured worker to continue with Butrans patches 5 mcg/hour. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 5 mcg/hr., #4; thirty day supply: 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), Neck and Upper Back (Acute and Chronic) Chapter

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

Decision rationale: The request for Butrans patches 5 mcg per hour is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend Butrans when used for treatment of opioid dependence. Clinicians must be in compliance with the drug addiction treatment act of 2000. Butrans pharmacological and safety profile make it an attractive treatment for patients addicted to opioids. Butrans usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. The guidelines stipulate that the use of Butrans be used for patients who are opiate dependent. Submitted documentation lacked the efficacy of the medication, nor was there any inclination that the injured worker had any addictive traits. There was also no rationale submitted for review to warrant the continuation of the medication. Additionally, it was noted in the submitted documentation that the injured worker had been on the medication since at least 09/2014. The request as submitted is for Butrans patches 5 mcg per hour with a 30 day supply, exceeding the recommendations for short term use due to the possibility of abuse and overdose. As such, the request is not medically necessary.