

Case Number:	CM14-0082486		
Date Assigned:	07/21/2014	Date of Injury:	12/15/2003
Decision Date:	12/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 Family Practice 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 is a 53 years old female claimant who sustained a work injury on 12/15/03 involving the low back and upper extremities. She was diagnosed with reflex sympathetic dystrophy, chronic pain syndrome, myalgias, depression and pelvic pain. She had been on Butrans for pain since at least December 2013. A progress note on 3/25/14 indicated the claimant had 8/10 pain. She complained of muscle weakness, joint pain and stiffness. Examination was unremarkable. The physician requested aqua therapy, pain psychology evaluation, aqua therapy and continuation of Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Dis 10mcg/hr #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal.

In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant had persistent pain without significant improvement in function. As a result, the use of Butrans patches is not medically necessary.