

Case Number:	CM14-0095613		
Date Assigned:	07/25/2014	Date of Injury:	08/30/2013
Decision Date:	09/19/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 Preventive 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:

According to the records made available for review, this is a 38-year-old male with an 8/30/13 date of injury. At the time (6/6/14) of the request for authorization for 4 Butrans 10mg patch, there is documentation of subjective (pain in the mid-back, lower back, and right hand) and objective (range of motion is restricted in lumbar spine, spinous process tenderness is noted on L4 and L5, lumbar facet loading is positive on the left side) findings, current diagnoses (hand pain), and treatment to date (medications including ongoing opioid therapy). There is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction).

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Butrans 10mg Patch: 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 Buprenorphine Page(s): 26-27.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a

history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of hand pain. In addition, there is documentation of ongoing use of opioids. However, despite documentation of chronic pain, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Therefore, based on guidelines and a review of the evidence, the request for 4 Butrans 10mg patch is not medically necessary.