

Case Number:	CM14-0098484		
Date Assigned:	07/28/2014	Date of Injury:	11/30/2000
Decision Date:	10/01/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 sustained a work injury on 11/30/2000. Despite several back surgeries and use of medications, the injured worker has continued to suffer from back pain. During a 06/03/2014 visit with the doctor, the injured worker complained of persistent moderate to severe back pain associated with weakness, numbness and tingling sensations in her right lower extremities. Status post IDET L4-L5, L5-S1, August 2001; Status post Laminectomy and Disectomy, L4-L5, L5-S1, February 2002; Status post posterior anterior spinal fusion L4-L5, with revision of decompression and posterior spinal fusion L4-S1, March 2008; Status post removal of hardware, November, 2007; Chronic Low back pain with chronic right lower extremity radiculopathy; Status post permanent spinal cord implantation; Failed Back syndrome.. The injured worker is being treated with Norco, Medrol dosepak, Soma, Effexor Xr, Ibuprofen. At dispute is the request for Butrans Patch 20mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20mcg #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The injured worker sustained a work related injury on . The medical records provided indicate the diagnosis of Status post IDET L4-L5, L5-S1, August 2001; Status post Laminectomy and Discectomy, L4-L5, L5-S1, February 2002; Status post posterior anterior spinal fusion L4-L5, with revision of decompression and posterior spinal fusion L4-S1, March 2008; Status post removal of hardware, November, 2007; Chronic Low back pain with chronic right lower extremity radiculopathy; Status post permanent spinal cord implantation; Failed Back syndrome Treatments have included multiple surgeries; prolonged use of Norco, Medrol dosepak, Soma, Effexor Xr, and Ibuprofen. The medical records provided for review indicate medical necessity for Butrans Patch. The MTUS and Official Disability Guidelines recommends Buprenorphine (Butrans)as an optional treatment for chronic pain, addiction and dependence. The records reviewed indicates the injured worker has been on prolonged use of opioids and the the injured worker is very worried of what would happen if the drug is suddenly withdrawn. This is a pointer to dependence. Since the records reviewed indicate there is an opiate agreement on file, urine drug testing is being done, she is being treated by a well-qualified individual, the drug is medically necessary. The MTUS recommends Buprenorphine's due to its safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Therefore is medically necessary and appropriate.