

Case Number:	CM14-0150426		
Date Assigned:	09/18/2014	Date of Injury:	07/09/2005
Decision Date:	06/25/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 29 year old female, who sustained an industrial injury on 7/09/2005. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Currently, she complained of low back pain with associated left lower extremity symptoms. The provider documented a recent report of increased headaches, dizziness and blurry vision that subsequently led the injured worker to the [REDACTED] through [REDACTED] in February 2014. On 3/7/14, the physical examination documented lumbar tenderness, tenderness in left sciatic notch and a positive straight leg raise test. There was decreased sensation noted in left lower extremity near L5-S1 dermatomes. The plan of care included a consultation with the [REDACTED], TENS unit, Home Health assistance, and initiation of Daypro. This appeal was to address a request for authorization on the Bultrans Patch, 10mg patch, apply one patch every seven days, quantity #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (updated 7/10/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans/Buprenorphine 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 been on opioid analgesics and NSAIDS for over a year without mention of need for detoxification. As a result, the use of Butrans patches is not medically necessary.