

Case Number:	CM15-0004960		
Date Assigned:	01/16/2015	Date of Injury:	08/02/2001
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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 51 year old male, who sustained an industrial injury on 8/2/01. He has reported neck and shoulder pain. The diagnoses have included lumbar spine strain, major depression,. Treatment to date has included anterior C6-7 discectomy/fusion/hardware (2006), left shoulder arthroscopy (200), episteroidal injections, physical therapy, medications and failed spinal cord stimulator. (MRI) magnetic resonance imaging of cervical spine performed on 5/19/14 revealed previous spinal fusion surgery with metallic susceptibility artifact due to anterior plate screw apparatus at C6-7, posterior bulge at C3-4, C5-6 and C7-T1. Currently, the IW complains of neck pain radiating to bilateral upper extremities. Per the PR2 dated 12/8/14, he stated the BuTrans helps with his chronic pain and significantly helps him get up in the morning and remain compliant with home exercise program. Limited range of motion of the neck and bilateral shoulders is noted along with tenderness to palpation over bilateral paravertebral musculature and bilateral trapezius muscles. On 12/19/14 Utilization Review submitted a modified certification for BuTrans patch 15mcg #4 to # 2, noting the need for gradual titration until therapeutic effects are noted. The MTUS, ACOEM Guidelines, was cited. On 1/8/15, the injured worker submitted an application for IMR for review of BuTrans patch 15mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

BuTrans patch 15 mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic.

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 been using it with Vicoding for several months. There is no indication for long-term use of Butrans with other opioids. As a result, the use of Butrans patches is not medically necessary.