

Case Number:	CM15-0012543		
Date Assigned:	01/30/2015	Date of Injury:	06/24/2006
Decision Date:	03/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 6/24/2006. The diagnoses have included lumbar degenerative disc disease, sacroiliitis, myalgia and myositis, pain in lower leg, chronic low back pain, facet arthropathy and chronic thoracic or lumbosacral radiculopathy. Treatment to date has included medications. 12/31/14 medical report identifies pain 6/10 with medications and 9/10 without. Patient is doesn't get dressed and stays home all day without medications. With medications, patient is able to do simple chores around the house and do minimal activities outside the house two days a week. She uses a treadmill 30 minutes twice a week. On exam, no abnormal findings are noted. The patient is noted to have no side effects and demonstrated no evidence of a current substance use disorder, although the provider did note that she was considered high-risk per the opioid risk tool. On 1/13/2015, Utilization Review non-certified a request for Butrans 20mcg #4, noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/22/2015, the injured worker submitted an application for IMR for review of Butrans 20mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Butrans 20mcg #4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is minimal indication that the medication is improving the patient's function and pain with no evidence of side effects or aberrant use. In light of the above, the currently requested Butrans is medically necessary.