

Case Number:	CM15-0014465		
Date Assigned:	02/02/2015	Date of Injury:	08/02/1999
Decision Date:	03/19/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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: Preventive Medicine, Occupational Medicine

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 49-year-old female, who sustained an industrial injury on August 2, 1999. The diagnoses have included chronic right knee pain, post-traumatic arthritis, right shoulder pain with impingement syndrome, discogenic low back pain with mult-level spondylosis, canal stenosis, spinal stenosis., bilateral lumbar radiculopathy at the L4-5 nerve roots, muscle weakness and gait instability. Treatment to date has included medication regime to include opioids, muscle relaxants, anti-inflammatories and topical pain patches, physical therapy, massage therapy, trigger point injections, and routine monitoring. In the October 23, 2014, the IW complains of symptoms of sweats, chills and diarrhea on the last three to four days of wearing a Butrans patch and currently she is changing the patch every seven days. The physician documented that he felt she might be metabolizing the medication faster than normal and that the worker did well with good pain control the first three to four days when the Butrans is in her system. Current complaints include right low back and gluteal region pain that radiates down her leg. Range of motion was limited due to pain. Pain is rated seven to ten on a scale of ten, seven is rate with medication and 10 without medication. Worker is currently out of work due to injuries. On January 8, 2015, the Utilization Review decision modified a request for a prescription of Butrans Patch 20mcg 4 count, noting the medication is used for a history of opiate addiction and the documentation did not reflect that the worker had a history of addiction. The ODG Pain Chapter was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of a prescription for Butrans Patch 20ncgm 4 count.

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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain; Buprenorphin

Decision rationale: MTUS Guidelines do not address this specific medication. ODG Guidelines addresses it in detail. The Guidelines recommend the use of Buprenorphin (Butrans Patch) for several chronic pain conditions including neuropathic pain which this patient has. Guidelines do not limit its use for addiction or withdrawal problems. In these circumstances the Butrans 20mcg #4 is consistent with Guidelines and is medically necessary and appropriate.