

Case Number:	CM15-0016478		
Date Assigned:	02/04/2015	Date of Injury:	01/03/2009
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 75 year old female, who sustained an industrial injury on 01/03/2009. On provider visit dated 12/08/2014 the injured worker has reported back pain. On examination, she was noted to have a decreased range of motion and tenderness to palpation of the lumbar spine. The diagnoses have included sacroiliitis, failed back surgery syndrome lumbar, chronic pain due to trauma, chronic radiculopathy thoracic or lumbosacral, and chronic spondylosis of lumbar spine without myelopathy. Treatment to date has included medication. Treatment plan included refill of previously prescribed medication. On 01/22/2015 Utilization Review non-certified Burtons 20mcg #4 with 1 refill, as not medically necessary. The non- MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg #4 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/pro/butrans-patch.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Buprenorphine.

Decision rationale: Butrans is a topical application of the medication buprenorphine. Buprenorphine is a partial opioid agonist. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment, the drug should be reserved for use by clinicians with experience. In this case, there is no documentation that the patient is a member of the suggested populations. In addition, there is no documentation that the patient has tried and failed treatment with first line therapies. Medical necessity has not been established. The request should not be authorized.