

Case Number:	CM15-0113611		
Date Assigned:	06/22/2015	Date of Injury:	01/12/2013
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

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 39 year old male, who sustained an industrial injury on 01/12/2013. He has reported injury to the low back. The diagnoses have included low back pain with radiculopathy; sprain lumbar region; lumbar disc displacement with myelopathy; and lumbosacral neuritis. Treatment to date has included medications, diagnostics, lumbar support, lumbar epidural steroid injections, chiropractic therapy, physical therapy, and home exercise program. Medications have included Norco, Ibuprofen, Ultracet, Gabapentin, Voltaren XR, and Butrans patch. A progress report from the treating physician, dated 05/27/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain that radiates down the right leg; he noted no pain relief using the Butrans 5mcg/hr patch; and he is out of his other medications because he used them for pain relief. Objective findings included limited flexion due to pain; and right straight leg raising test is positive. The treatment plan has included increasing the Butrans patch to 7.5 mcg/hr, the next highest dosage available, and continuing the Voltaren, Gabapentin, and Ultracet as needed. Request is being made for retrospective Butrans patch 7.5 mcg/hr #4 prescribed on 05/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Butrans patch 7.5 mg/hr #4 prescribed on 5/27/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, p26.

Decision rationale: The claimant sustain a work injury in January 2013 and continues to be treated for radiating low back pain. Medications have included Norco and Ultracet. When seen, there was decreased lumbar spine range of motion with positive right straight leg raising. His Butrans dose was increased. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, when prescribed no other sustained release opioid had been previously prescribed and he had not undergone detoxification. Butrans was not medically necessary.