

Case Number:	CM15-0116815		
Date Assigned:	06/25/2015	Date of Injury:	06/18/2010
Decision Date:	08/04/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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, Michigan

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 50 year old male who sustained an industrial injury on 06/18/2010. Current diagnoses include cervical spondylosis without myelopathy, spondylosis-lumbosacral, sciatica, pain psychogenic, and pain in joint-shoulder. Previous treatments included medications, functional capacity evaluation, physical therapy, chiropractic therapy, cervical and epidural steroid injection, and trigger point injections. Initial injuries occurred when the worker was involved in a motor vehicle accident where he was struck from behind, resulting in pain in multiple body parts. Report dated 04/13/2015 noted that the injured worker presented with complaints that included multiple complaints of pain. Pain level was 6 out of 10 and 4-5 (with Butrans patch) on a visual analog scale (VAS). The injured worker is currently not working. Physical examination was revealed that the injured worker was alert and oriented with no signs of sedation, and an antalgic gait. Current medications include Butrans patch, Flector patch, nabumetone-relafen, and pantoprazole. The treating physician changed the dose of the Butrans patch from 5 mcg/hr to 10 mcg/hr. The treatment plan included awaiting IMR for a multidisciplinary program, discussed cortisone injection for the right shoulder, physical therapy to start the following week, increased Butrans patch to see if this will cover his pain better, DEA CURES report dated 04/13/2015 is consistent, refilled medications, and follow up in 4 weeks. Disputed treatments include Butrans patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10 mcg/hr patch #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines for the use of buprenorphine (Butrans patch). Buprenorphine is recommended for the treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In recent years, buprenorphine has been formulated into a transdermal (patch) for the treatment of chronic pain. The documentation submitted does not support that the injured worker has a history of opiate addiction or has been through a detoxification program. There is no clear rationale as to why this is a better option for the treatment of the injured workers pain, therefore the request for Butrans 10 mcg/hr patch, #4 is not medically necessary.