

Case Number:	CM15-0119817		
Date Assigned:	06/30/2015	Date of Injury:	08/12/2003
Decision Date:	07/30/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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 65 year old female, who sustained an industrial injury on August 12, 2003, incurring multiple injuries to her back and upper extremities. She was diagnosed with cervical discopathy, lumbar discopathy, and bilateral carpal tunnel syndrome. Treatment included a left wrist tenosynovectomy and carpal tunnel release, left trigger thumb and total disc replacement, pain medications, opioids, neuropathic medications, anti-inflammatory drugs, muscle relaxants and work modifications. Currently, the injured worker complained of constant low back pain at 8-9/10 on a pain scale, neck pain, bilateral shoulder blade pain, buttocks pain, and right leg pain. Narcotics gave little relief. The treatment plan that was requested for authorization included a prescription for a Butrans Patch retrospectively dispensed on April 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Butrans patch 20mcg #4 with 2 refills dispensed 4/20/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. Provider has documented attempt to wean patient from Norco as reason on transitioning to Butrans. However, the excessive number of refills especially during start on medication and weaning may lead to lack of monitoring on a medication with potential serious side effects is not appropriate. It also does not meet the consistent monitoring of opioid recommendation as per Opioid section of MTUS, which recommends more consistent visits and exam with treating physician. While a trial and transition to Butrans may be appropriate, the number of refills is not appropriate and cannot be recommended. The prescription of Butrans is not medically necessary.