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| Case Number: | CM15-0127095 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 11/03/1990 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 3, 1990. In a Utilization Review report dated June 19, 2015, the claims administrator partially approved request for Butrans patches while approving requests for Norco and eight sessions of physical therapy. The claims administrator referenced an RFA form dated June 10, 2015 in its determination. On July 3, 2014, the applicant reported ongoing complaints of low back pain status post earlier failed fusion surgery. The applicant was on Norco for pain relief. The applicant had received multiple epidural steroid injections. The applicant had retired and was no longer working, it was acknowledged. The applicant's complete medication list was not detailed. In a prescription form dated July 1, 2015, both Butrans and Norco were prescribed. In an associated progress note of the same date, July 1, 2015, the applicant reported ongoing complaints of low back pain, exacerbated by lifting and bending. The applicant was pending a repeat lumbar MRI, it was reported. A modified functional restoration program was endorsed. Butrans was introduced on this date. The applicant was asked to employ Norco for breakthrough pain purposes. It was not clearly stated for what purpose Butrans was being prescribed, although it was suggested that Butrans was being employed for chronic pain purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg, patches, QTY: 40: 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.

Decision rationale: No, the request for Butrans (buprenorphine) was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Butrans) is recommended in the treatment of opioid addiction and is also recommended as an option in chronic pain applicants who are previously detoxified off of opioids who do have a history of opioid addiction, here, however, the fact that the applicant was concurrently using Butrans and Norco strongly suggests that the applicant was not, in fact, intent on employing buprenorphine (Butrans) for opioid addiction or opioid detoxification purposes. A clear rationale for introduction of Butrans was not set forth on the July 1, 2015 progress note in question. Therefore, the request was not medically necessary.