

Case Number:	CM15-0174028		
Date Assigned:	09/15/2015	Date of Injury:	01/21/2009
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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: Anesthesiology, 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 64 year old female, who sustained an industrial injury on 1-21-2009. Medical records indicate the worker is undergoing treatment for moderate lumbar degenerative disc disease and facet arthropathy. A recent progress report dated 8-19-2015, reported the injured worker complained of back pain rated 8-9 out of 10 without medications and 5 out of 10 with medications. She reports trying to cut down on the amount of Norco she is taking, resulting in increased pain. Physical examination revealed loss of lumbar lordosis, lumbosacral tenderness and voluntary range of motion was 40 degrees flexion and 10 degrees extension with low back pain. Treatment to date has included physical therapy and medication management. The physician is requesting Butrans 5mcg #4 with 2 refills. On 8-26-2015, the Utilization Review noncertified Butrans 5mcg #4 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg #4 with 2 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buprenorphine.

Decision rationale: According to the ODG, Buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected injured workers (not first-line for all injured workers). Suggested populations: (1) Injured workers with a hyperalgesic component to pain; (2) Injured workers with centrally mediated pain; (3) Injured workers with neuropathic pain; (4) Injured workers at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in injured workers who have previously been detoxified from other high-dose opioids. According to the documents available for review, the injured worker meets the aforementioned indications for the use of buprenorphine. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established. The request is medically necessary.