

Case Number:	CM15-0176800		
Date Assigned:	09/17/2015	Date of Injury:	04/10/2013
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 44-year-old male who sustained an industrial injury on April 10, 2013. Diagnoses have included lumbar facet arthropathy, right lumbar radiculitis, and thoracic sprain and strain. Documented treatment has included physical therapy, acupuncture, TENS, and there are documented bilateral lumbar medial branch blocks L3-L5 performed on June 12, 2015 bringing pain from 9 to 7 out of 10. He has also been treated with medication listed as Gabapentin, Nortriptyline, Topamax, Celebrex and Tramadol, but the injured worker presented July 29, 2015 with 7 out of 10 burning and throbbing pain in his lower back and legs including tingling and numbness which was worse with bending and lying down. At the same July 29, 2015 visit, range of motion was noted at 60 degrees in forward flexion, and painful extension at 20 degrees. The physician noted tenderness in the lumbar paraspinal muscle and stated the "lumbar facet stress test is positive." The treating physician's plan of care includes seeking surgical consult, and he requested Butrans "50 mics in an hour" which was denied on August 6, 2015. The injured worker is presently not working because he states his employer cannot accommodate his work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15 mcg once weekly #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 Medical Treatment 2009, Section(s): Opioids for chronic pain, Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Buprenorphine (Butrans) Pain section, Opioids.

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans patch 15mcg one patch per week #4 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are lumbar facet arthropathy; thoracic sprain strain; and lumbar radiculitis right. Date of injury is August 10, 2013. Request for authorization is July 29, 2015. According to a May 1, 2015 progress note, current medications included Topamax, Hysingla, Norco 10/325 mg, gabapentin and nortriptyline. According to a May 29, 2015 progress note, Hysingla was not authorized. The treating provider requested Butrans to avoid Tylenol. According to a June 3, 2015 progress notes, the Butrans trial was denied. The treating provider started Tramadol. According to the June 16, 2015 progress note, medications not working. Each worker is requesting Norco 10/325 mg because it "helped the best". According to a July 29, 2015 progress note, subjective complaints included low back pain. A medial branch block was provided in the pain is a little bit better. Objectively, there is tenderness palpation lumbar spine with decreased range of motion. The treating provider is requesting Butrans, but at a higher dose. Butrans is not the first line opiate. The documentation does not demonstrate objective functional improvement with prior opiate use including Norco, Tramadol and Butrans. The latter was started in a trial May 29, 2015. There is no clinical indication or rationale for a second line medication (Butrans). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing Butrans and no clinical indication or rationale for a second line opiate (Butrans), Butrans patch 15mcg one patch per week #4 is not medically necessary.