

Case Number:	CM15-0076956		
Date Assigned:	04/28/2015	Date of Injury:	06/24/2010
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old female, who sustained an industrial injury on June 24, 2010. The injured worker was diagnosed as having complex regional pain syndrome (CRPS) and chronic hand pain. Treatment and diagnostic studies to date have included injections, transdermal patches and oral medication. A progress note dated January 2, 2015 the injured worker complains of hand pain. The plan includes oral medication and to restart transdermal patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans (Buprenorphin Transdermal) Patches 5 mcg/hr film, extended release, 1 patch every 7 days Qty 4: Upheld

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

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

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for CRPS affecting both hands. Medications have included Nucynta and Norco at

an approximate daily MED (morphine equivalent dose) of 120 mg. When seen, Nucynta was changed to Butrans at an equianalgesic dose. Buprenorphine is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, the claimant has not undergone detoxification and has poor pain control despite the MED being prescribed. The request was not medically necessary.