

Case Number:	CM15-0078472		
Date Assigned:	04/29/2015	Date of Injury:	05/25/2013
Decision Date:	05/28/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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 60-year-old who has filed a claim for chronic back, arm, knee, ankle, and foot pain reportedly associated with an industrial injury of May 25, 2013. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a request for BuTrans patches apparently prescribed on or around February 26, 2015. The applicant's attorney subsequently appealed. On January 2, 2015, the applicant reported ongoing complaints of ankle, knee, arm, and low back pain. The applicant had received unspecified amounts of acupuncture and physical therapy, it was incidentally noted. The applicant was asked to pursue a functional restoration program. A cane was endorsed. Work restrictions were endorsed at the bottom of the report. The attending provider suggested that the applicant was not working at the bottom of the report but stated, somewhat incongruously, in another section of the note that the applicant had returned to work. The applicant's medication list included capsaicin, Relafen, sublingual buprenorphine, and Neurontin. On February 26, 2015, the applicant again reported ongoing complaints of ankle, knee, and low back pain. The note was very difficult to follow and mingled historical issues with current issues. The attending provider stated that the applicant was having difficulty employing sublingual buprenorphine and therefore wished to obtain buprenorphine patches. The applicant had ancillary complaints of anxiety and depression. Buprenorphine patches, Neurontin, and Relafen were endorsed. The attending provider stated that the applicant would likely be incapable of returning to his former work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 5mg # 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: No, the request for BuTrans (buprenorphine) patches was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or BuTrans is indicated in the treatment of opioid addiction and/or as an option in chronic pain applicants who are previously detoxified off of opioids, in this case, however, there was no mention of the applicant's having issues with opioid dependence, having previously detoxified off of opioids, etc. No clear rationale for introduction of buprenorphine (BuTrans) patches was furnished on or around the date in question. Therefore, the request was not medically necessary.