

Case Number:	CM15-0078718		
Date Assigned:	04/29/2015	Date of Injury:	10/21/2011
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 51 year old female, who sustained an industrial injury on 10/21/2011. The current diagnosis is chronic low back pain aggravation. According to the progress report dated 2/11/2015, the injured worker complains of low back pain with radiation into bilateral hips, buttocks, back of legs, heels, and soles of feet. The pain is rated 8/10 on a subjective pain scale. The current medications are Norco. Treatment to date has included medication management, MRI studies, physical therapy, and Toradol injections. The plan of care includes Butrans patch and consultation with neurologist/neurosurgeon for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, buprenorphine.

Decision rationale: Buprenorphine is a partial opioid agonist. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment, the drug should be reserved for use by clinicians with experience. In this case, there is no documentation that the patient has failed other first-line therapies. In addition, there is no documentation that the patient has any of the conditions of the suggested populations. The request should not be authorized and is not medically necessary.

Consultation with a neurologist/neurosurgeon (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Procedure Summary, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: Surgical consultation for low back pain is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. In this case, the patient there is no documentation of radiculopathy. There is no documentation that the patient suffers from a condition that would benefit from surgical intervention. There is no indication for surgical referral. The request should not be authorized and is not medically necessary.