MAXIMUS Federal Services

Case Number:	CM15-0096427		
Date Assigned:	05/26/2015	Date of Injury:	08/01/2013
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old female, who sustained an industrial injury on 8/1/13. The diagnoses have included left leg radiculopathy, lumbar annular tear/mild bulge, and mild lateral recess stenosis. Treatment to date has included medications, activity modifications, diagnostics, acupuncture, and home exercise program (HEP). Currently, as per the physician progress note dated 4/13/15, the injured worker complains of low back and left buttocks pain that radiates to the left hip and thigh through the calf into the ankle and plantar aspect of the foot. She rates the pain 5-6/10 on the pain scale with medication, which increases to 7-9/10 without medications. This is unchanged from previous visits. Physical exam of the lumbar spine and lower extremities reveals palpable tenderness over the left lumbar region. The lumbar range of motion was decreased. The current medications included Butrans 15 mcg/hour patch. There was no urine drug screen reports noted in the records. The physician noted that the injured worker should complete the 9 remaining sessions of acupuncture as she has noted improvement with the 3 sessions to date. She has been working modified duty and has been tolerating it with ongoing symptoms. However, she is expressing the desire to go full duty on trial basis to see if she can tolerate her usual and customary duties. The physician recommended complete the acupuncture sessions and return to full duties for trial. The physician requested treatment included Butrans 15 mg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15 mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, pages 26-27.

Decision rationale: Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Buprenorphine has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic injury. Medical necessity for continued treatment has not been established for Buprenorphine. The Butrans 15 mcg #4 is not medically necessary and appropriate.