

Case Number:	CM15-0097250		
Date Assigned:	05/27/2015	Date of Injury:	08/28/2013
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/20/2015

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: Connecticut, California, Virginia

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 injured worker is a 31-year-old male who sustained an industrial injury on 08/28/2013 resulting in neck and low back injury after being rear-ended in a motor vehicle accident. Treatment provided to date has included conservative care/therapies; lumbar injections, and medications. Diagnostic tests performed include MRI of the lumbar spine (02/06/2014) which was reported to show small hemangiomas within the S1 and T12 vertebral bodies without collapse, mild disc space narrowing, moderate disc desiccation, and moderate annular tear on the posterior central disc at L4-L5. All other diagnostic imaging was normal. Other noted dates of injury documented in the medical record include previous low back injury in 2005. There were no noted comorbidities. On 04/22/2015, physician progress report noted complaints of low back pain. Pain is rated as 9 (0-10) without medications and 6 (0-10) with medications, and described as improving, persistent, deep, discomforting, shooting and throbbing. The pain was also reported to radiate to the right arm, right calf, right foot and right thigh. The pain is reported to be aggravated by daily activities and movement. The injured worker reportedly underwent a sacroiliac injection (date unknown) which provided 75% reduction in reference pain and 55% reduction in pain overall. The physical exam revealed an antalgic gait, flat back posture, moderate spasms in the paraspinal musculature, and tenderness in the paraspinals, gluteal, piriformis, quadratus, PSIS, and sciatic notch, and restricted range of motion with pain in the lumbar spine. Current medications include Butrans patches, Nucynta, naproxen, Soma, gabapentin, and tramadol. The provider noted diagnoses of lumbar radiculopathy, cervical radiculopathy, lumbar disc degenerative disorder, mid-back pain, back pain, hip pain, thoracic

pain, lumbar sprain, chronic pain due to injury, and disorder of the sacroiliac joint. Plan of care includes continued medications (including Butrans patches). Requested treatments include Butrans 20mcg patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg/hr QTY: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans, opioids Page(s): 26-27, 74-96.

Decision rationale: Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. In this case it appears that the patient is getting good relief from medications, but a recent urine drug screen was negative and unfortunately the provided records are minimal and provide no explanation for whether or not the drug screen is consistent, given the patient's current medication profile. Buprenorphine patches may be indicated, but the guidelines have not been satisfied, and therefore the request cannot be considered medically appropriate without further clarification.