

Case Number:	CM15-0099022		
Date Assigned:	06/01/2015	Date of Injury:	12/15/2001
Decision Date:	07/01/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 injured worker is a 61 year old male, who sustained an industrial injury on December 15, 2001, incurring low back and right ankle injuries. He was diagnosed with lumbar degenerative disc disease and radiculopathy, and Achilles tendinitis. Treatment included pain medications, neuropathic medications, antidepressants, chiropractic sessions, epidural steroid injection, physical therapy, home exercise program, acupuncture, transcutaneous electrical stimulation unit, and psychotherapy and work restrictions. He underwent a bilateral laminectomy in 2003, and right knee arthroscopy and chondroplasty in 2010. Currently, the injured worker complained of right lower back and buttock area radiating to the right lower extremity, cervical pain and right shoulder pain. He had persistent stiffness and limited movement of his right side. He complained weakness in the lower extremities with right knee tenderness. The treatment plan that was requested for authorization included a prescription for Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg/hr #4: Upheld

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

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

Decision rationale: Butrans patch contains buprenorphine. Buprenorphine is recommended by the MTUS Guidelines for treatment of opiate addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker had been taking Norco and Flexeril but was successfully weaned from these medications due to the nausea they created. Buprenorphine is not recommended for first-line treatment in chronic pain. The request for Butrans patch 5mcg/hr #4 is not medically necessary.