

Case Number:	CM14-0143156		
Date Assigned:	09/10/2014	Date of Injury:	03/24/1989
Decision Date:	10/23/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67-year-old female who has submitted a claim for cervical spondylosis without myelopathy, spinal stenosis of unspecified region, spasm of muscle, thoracic or lumbosacral neuritis or radiculitis unspecified, and adjustment disorder with mixed anxiety and depressed mood; associated with an industrial injury date of 03/24/1989. Medical records from 2014 were reviewed and showed that patient complained of low back pain radiation down the legs, and neck pain radiating down the left arm. Physical examination showed that the patient ambulated with a cane. Her gait was guarded, and balance was poor. Range of motion of the neck and lower back was limited by pain. Trigger point tightness and tenderness was noted around the left cervical paraspinal muscles and left shoulder. Significant tightness was noted at the lumbar paraspinals and gluteal muscles. Reflexes were +1 in the upper and lower extremities. Generalized weakness and decreased sensation to pinprick were noted in all extremities. Treatment to date has included medications, chiropractic therapy, physical therapy, TENS, and lumbar surgery (2004). Utilization review, dated 08/19/2014, denied the request for Butrans because there was no documentation of addiction or detoxifications, and of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen, NSAIDs, antidepressants or antineuropathic drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Transdermal Systems 5 mcg/ hour: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26 and 27.

Decision rationale: Pages 26 to 27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction. In this case, the patient complained of neck and low back pain with radicular symptoms despite medications, physical therapy, and surgery as stated above. The patient was prescribed Norco since at least December 2012. However, the medical records submitted for review failed to provide evidence of opiate addiction or detoxification. There is no clear indication for continued use of this medication. Therefore, the request for Butrans Transdermal Systems 5 mcg/ Hour is not medically necessary.