

Case Number:	CM13-0033259		
Date Assigned:	01/15/2014	Date of Injury:	05/04/1998
Decision Date:	07/30/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 64 year old male who was injured on 5/4/98 after lifting a heavy object. Later he experienced low back pain and was diagnosed with degenerative lumbosacral disc, lumbago, lumbar radiculopathy, lumbar stenosis, other disorders of muscle/ligament/fascia, spasm of muscle, lumbar facet osteoarthritis, and cervical spondylosis without myelopathy. He was treated with oral analgesics including opioids (which he had been taking for many years leading up to the current request), physical therapy, home exercises, and electric stimulator device use. On 9/10/13 he was seen by his pain specialist physician complaining of his intermittent lower back pain rated at 4/10 on pain scale. He reported that his medications (methadone, MS Contin, trazodone, and citalopram) alleviated his pain, but no quantification was given. Physical examination revealed a positive straight leg raise, tenderness at lumbar area, muscle spasm of lumbar area, and reduced range of motion of the spine. He then was recommended Butrans patch, refilling MS Contin, as well as MRI lumbar without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20mcg/hour, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Butrans patch (buprenorphine).

Decision rationale: The ODG states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should be only prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there be an ongoing review and documentation of pain relief and functional status in order to justify continuation. In the case of this worker, he had been taking MS Contin and methadone before being recommended Butrans patch for the first time (at least from what was seen in the documents available for review). The methadone was not mentioned that it would be discontinued and remained on the medication list. If the intention was to have the worker take both Butrans patch and methadone, this seems unnecessary. If it was the intention to switch from methadone to Butrans patch, then this needs to be documented for the reviewer to understand the intentions of treatment and the reasoning. Therefore, the Butrans patch is not medically necessary.

Ms Contin 15mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there is not enough documentation of the worker's functional and pain benefit from this particular medicine in order to justify continuation. It is unclear if the requesting physician is attempting to use methadone or Butran's patch to help the worker wean down from MS Contin use or not. Without documentation explaining the intentions of treatment and documentation of more detailed and measurable evidence of benefit, the MS Contin is not medically necessary.