

Case Number:	CM13-0040010		
Date Assigned:	12/20/2013	Date of Injury:	06/15/2007
Decision Date:	04/18/2014	UR Denial Date:	10/04/2013
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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 61-year-old female who was injured at work on 06-15-07 hurting her lower back. An exam on 09-25-2013 revealed her pain level was at 5/10, associated with bilateral radicular pain and numbness. She exhibited an antalgic gait; leg muscle strength was 4/5. She underwent Radio Frequency Ablation on 1-08-13 bilaterally at the L2, L3, L4 and L5 levels, from which she apparently experienced little relief from pain. Her current pain medication is Norco 10/325, taking 8 pills per day. She had previously been on Exalgo and Opana ER (extended release). A request for Butrans patches to be taken along with the Norco was denied on 10-04-2013. Also, the patient indicated that they did not want to take multiple narcotic medications. The documentation was also unclear on the degree of pain control from Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR BUTRANS PATCH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain; Buprenorphine for Chronic Pain.

Decision rationale: Butrans (buprenorphine) is an opioid analgesic being delivered transcutaneously. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of Opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that Opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, Opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that Opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The Official Disability Guidelines (ODG) state: "While long-term Opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Related to Buprenorphine, they state that it is not first-line therapy for all patients. Suggested populations include: Patients with a hyperanalgesic component to pain. Patient with centrally mediated pain. Patients with neuropathic pain. Patients at high-risk of non-adherence with standard Opioid maintenance. Patients who have previously been detoxified from other high-dose Opioids. Therapy with the additional Opioid Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic Opioid therapy. Additionally, the record does not document what criteria are met for the use of Buprenorphine in this case. Therefore, the record does not demonstrate medical necessity for Butrans.