

Case Number:	CM13-0044588		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2006
Decision Date:	05/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine 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 [REDACTED] employee who has filed a claim for cervical discopathy with facet syndrome associated with an industrial injury of June 01, 2006. Thus far, the patient has been treated with more than 20 sessions of physical therapy, occupational therapy, acupuncture, epidural steroid injection C7-T1, Cymbalta. Review of progress notes reports neck pain with numbness, tingling, and stiffness with bilateral shoulder pain. There is pain over the cervical region, presence of trigger points, decreased light touch sensation of the C6 and C8 dermatome bilaterally. In addition, Spurling's maneuver and foraminal compression testing are positive. Patient also complains of hand and wrist pain with numbness and tingling, and loss of feeling in the right hand. Of note, patient has had surgery to the hand and wrist. Patient also has depression and anxiety symptoms. Utilization review dated October 09, 2013 indicates that the claims administrator denied a request for Butrans 10mcg/hr patch as medical necessity is not evident, and efficacy has not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Butrans 10mcg/hr patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE, AND OPIOIDS Page(s): 25,26,74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26-27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans).

Decision rationale: CA MTUS recommends buprenorphine for the treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. Patient has been on this medication since May 2013. Progress notes show that dosage has increased from 5 to 10mcg in July 2013. However, there is no documentation indicating the use of other opioids with history of opiate addiction. Also, there is no documentation of objective functional improvement in this patient since initiating Butrans patch use. Therefore, the request for Butrans 10mcg/hr patches was not medically necessary per the guideline recommendations of MTUS and FDA.