

Case Number:	CM13-0050325		
Date Assigned:	12/27/2013	Date of Injury:	01/12/2003
Decision Date:	04/03/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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:

This patient is an injured worker - with diagnoses of chronic low back condition, right shoulder condition, status post left radial head fracture, right carpal tunnel syndrome. The date of injury is 01-12-2003. Mechanism of injury was lifting. The progress report by treating physician [REDACTED] (date of service October 21, 2013) was provided. The patient complained of back pain and back stiffness. The pain occurred as a result of work injury and lifting. Condition has existed for an extended amount of time and constantly. Back pain is described as aching, stabbing, throbbing and spasming. Back pain is located in the lower back. She also presents for follow-up evaluation of knee pain. Condition has existed an extended amount of time. Condition is located in the left knee. The patient has poor tolerance of oral medications at escalating dosing and so she cannot increase the dose to an appropriate level of pain management and so the Butrans is clearly indicated for the patient with the intention of minimizing the need for increased dosing. The patient has received UDS consistently and has signed a pain contract and is functioning to a higher degree without complications or side effects precluding their use. Objective Exam: Gait and station examination reveals midposition without abnormalities. Muscle strength for all groups tested as follows: bilateral hip flexors, bilateral quadriceps, bilateral foot dorsiflexors and bilateral foot plantarflexors where the muscle strength is 5/5. Bilateral grip weakness rated 4/5, with thumb opposition rated 4/5 bilaterally. Sensory is intact with good. She does have some tenderness in the posterior aspect of the left hip in the area of the left sacroiliac joint which radiates up into the lumbosacral area of the spine and down the posterior thigh on the left side. She does have a sharp increase in pain with any range of motion of the left hip and left knee. Coordination is good. Proprioception sensations are normal. Bilateral brachioradialis reflex, bilateral biceps reflex and bilateral triceps reflex is 2/4. Significant guarding against range of motion testing for her hands and wrist consistent with De Quervain tenosynovitis with crepitance

to range of motion testing along the carpometacarpal joint and severe point tenderness. The diagnoses included right shoulder impingement, left sciatica, chronic lower back pain., arpommetacarpal syndrome, De Quervain tenosynovitis, left elbow strain, status post left radial head fracture, right shoulder strain, right shoulder impingement, right carpal tunnel syndrome, left knee sprain, status post left knee arthroscopy, lumbar sprain, hypertrophy of acromioclavicular joint right shoulder, rotator cuff tear right shoulder and right carpal tunnel syndrome. The treatment plan included Butrans 5 mcg/hour patch weekly, Norco 10/325. The progress note 07-31-2013 by [REDACTED] documented patient stating: She states that with the Butrans Patch her pain in her low back and left knee has improved significantly. The utilization review dated 10-21-2013 recommended that the request for Butrans 5 mcg patch #4 with 3 refills be approved with modifications. The utilization review partially certified Butrans 5 mcg patch #4 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 mcg patch #4 plus three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG TWC.

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

Decision rationale: The medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 26-27) states that Buprenorphine is recommended as an option for chronic pain. The California MTUS discusses indications for oral buprenorphine (Subutex and Suboxone). The California MTUS does not discuss the newer formulation Butrans, which is a transdermal buprenorphine patch. Official Disability Guidelines (ODG) Pain (Chronic) state: Buprenorphine transdermal system (Butrans) is FDA-approved for moderate to severe chronic pain, available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 88-89) states that for Long-term Users of Opioids, the Strategy for maintenance includes: Do not attempt to lower the dose if it is working. The progress notes document that the patient has chronic pain with a date of injury 01-12-2003. The patient complains of chronic back and limb pain. The patient had inadequate pain relief with oral medications and poor tolerance of oral pain medications at higher doses. Patient has signed a pain contract and had urine drug screening. With Butrans patch, patient has been functioning to a higher degree without complications or side effects. The progress note 07-31-2013 documented significant benefit with Butrans Patch. The progress report 10-21-13 documented the treating physician's plan to continue Butrans Patch. The clinical guidelines and medical records support the medical necessity of Butrans buprenorphine 5 mcg/hour transdermal patch. Therefore, the request for Butrans 5 mcg patch #4 plus 3 refills is medically necessary.