

Case Number:	CM13-0054584		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2005
Decision Date:	03/17/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/19/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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:

The patient is a 38 year old male who was injured on October 18, 2005 when he was involved in a motor vehicle accident. The patient sustained a crush injury to his right leg. The patient continues to experience severe pain to his right leg. The patient has multiple treatments including physical therapy, TENS unit, sympathetic nerve block, and spinal cord stimulator. Medications included MS contin, Neurontin, Soma, Dilaudid, Lyrica, Cymbalta, Wellbutrin, Lorazepam, and Zanaflex. The patient was seen by [REDACTED] and placed on Methadone for pain. He entered a detox center on May 28, 2013 for detox from alcohol and Methadone. In September 2013 he was started on Butran patch 10 mcg/hr weekly. He stated that the Butran was working well for his low back pain. Request for authorization for ButranDIS 10 mcg /hr #4 was submitted on November 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 10mcg/hr Day Supply: 28 QTY:4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Butrans.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96, 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Buprenorphine.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. Buprenorphine is a schedule III controlled substance. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations are patients with a hyperalgesic component to pain, patients with centrally mediated pain, patients with neuropathic pain, patients at high-risk of non-adherence with standard opioid maintenance and patients who require analgesia and have previously been detoxified from other high-dose opioids. In this case the patient had a complex history that involved the long-term use of opioids. His admission to the hospital for detox from alcohol and methadone raises concern for opiate dependence. Despite the patient's long term opiate use, there is no documentation of a signed pain contract and there is no urine drug testing in the record. Criteria for long-term opiate use is not met and the request is not authorized.