

<b>Case Number:</b>	CM13-0064607		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Family Medicine and is licensed to practice in Texas. 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 sustains an injury on 9/1/09. The patient underwent spinal fusion of L5-S1 on 2/3/12 and a medial meniscectomy of the left knee on 10/17/12 as a result of the injury. Degenerative changes of the left knee were also noted at the time of surgery. After the surgeries the patient underwent multiple sessions of physical therapy and was treated with multiple medications. The record reports a trial of Hydrocodone, then later notes an allergy to Hydrocodone and Oxycodone. The patient was then seen by a pain management physician who noted the patient presenting with a chief complaint of back pain following a L5-S1 fusion along with muscle spasms between the shoulder blades and pain radiating down the left leg. Medications at the time of the initial evaluation consisted of Tramadol three times a day, Morphine Sulfate extended release total of 45 mg daily, Cyclobenzaprine as needed, and Ketorolac as needed. The physician noted that the patient was not controlled with the current pain regimen and that the functional status of the patient was limited by the pain. This pain was felt to be due to pain from the back and the left knee. Initially the physician recommended starting Lyrica and titrating the dose up, and use of Tramadol at the same or increased dose three times a day. No mention was made regarding the status of the extended release Morphine Sulfate. In the next visit with the pain management physician the patient reported the Lyrica helping and some help with the Tramadol, but that the pain relief was incomplete, but an improvement in functional status was noted. The pain management physician then recommended Lidoderm patches for the patient's back and a trial of Butrans to help control the pain, as well as massage therapy. In this note no mention of the extended release Morphine is made, but no longer appears on the current medication list. The following visit note shows further improvements in reported level of pain and functional status with use of Butrans and Tramadol, as well as some pain relief from the Lidoderm patches. It is noted that the patient had further

improvement in functional status. The next visit note from the pain management physician showed a significant improvement in pain control and functional status as the Butrans dose had been increased as of the last visit, it further shows continuation of tramadol as needed, Lidoderm patches and continuation of the same dose of Lyrica. Through all of the notes from the pain management specialist there is no indication as to the type of chronic pain being treated, except for some neuropathic pain of the back, for which Lidoderm patches were prescribed. Utilization review for medication of Butrans, refills of the Butrans, and additional visits was performed on 12/4/13. The review approved the additional visits, but denied the Butrans prescription and the refills. Rationale for denial was noted as lack of evidence of prior opiate addiction, no records of prior detoxification, and no record of trials of other first line medications other than Tramadol. The patients' lawyers requested an appeal of the decision on 12/11/13. A second utilization review was performed on 1/23/14 and again approved further visits, but denied the Butrans prescription and refills. Reason for denial was noted as lack of evidence of prior opiate addiction, no records of prior detoxification, and no record of trials of other first line medications other than Tramadol.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Butran 10mcg, Qty: 4.00 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Opioids Page(s): 26-27 and 74-95.

**Decision rationale:** As the patient's pain has lasted beyond the anticipated time of healing, per MTUS page 1 of chronic pain medical treatment guidelines under definitions, the pain would be considered chronic. As the pain to be treated is primarily associated with the back, and the requested medication is an opioid, MTUS chronic pain medical treatment guidelines page 80 notes that treatment for chronic back pain with opioids notes no recommendation for one over another. While the utilization review denied the request in part due to lack of first line opiate medication trials, there is no recommendation for one opiate over another. Further the note from the requesting physician on 8/13/13 notes an allergy to Hydrocodone, and current medications of Tramadol and extended release Morphine, which would represent previous trials of opiate medications, albeit not prescribed by the requesting physician. The requested medication of Butrans is noted in MTUS chronic pain medical treatment guidelines section on Buprenorphine, page 26. The utilization review declined the use of Butrans in part due to the patient's lack of previous opiate addiction, or previous detoxification. Buprenorphine is recommended for the treatment of opiate addiction, but is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. However it does not limit the option for use to only those patients with current or former opiate addiction. The requesting physician's choice of a long acting opioid is in keeping with MTUS chronic pain medical treatment guidelines section on criteria for use of opioids sub-section 3 covering initiating therapy, page 77, where the recommendation for continuous pain is to use an extended-release

opioid, and Butrans is a time released transdermal formulation of Buprenorphine. Therefore, the choice of Butrans for the patient was in keeping with MTUS guidelines and would be medically necessary.

**Medication refills, QTY: 3.00:** Overturned

**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 Page(s): 74-95.

**Decision rationale:** The utilization review denied the Butrans refills based on lack of medical necessity for the intended medication. The MTUS Chronic Pain Medical Treatment Guidelines section on criteria for use of opioids, sub-section 4, on-going management, page 78, recommends that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did document improved pain relief, improved functional status and appropriate medication use. No side effects were documented. The MTUS Chronic Pain Medical Treatment Guidelines section on opioids for chronic pain, sub-section for chronic back pain, page 80 notes unclear efficacy over 16 weeks. However the request for 3 refills in addition to the initial request of Butrans would fall into the timeline of 16 weeks, and given the medical necessity of the initial prescription, the request for 3 refills would be medically necessary.