MAXIMUS Federal Services

Case Number:	CM13-0070257		
Date Assigned:	01/08/2014	Date of Injury:	11/10/2003
Decision Date:	04/24/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 10. 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; long- and short-acting opioids; and antidepressant medications. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for Butrans, no clear rationale for the denial was provided. The claims administrator is somewhat incongruous and noted that the applicant had failed other opiods and further noted that the applicant had an achieved appropriate reduction in pain scores and improvements in function as a result of ongoing Butrans usage but stated that the MTUS Chronic Pain Medical Treatment Guidelines did not support usage of Butrans. The applicant's attorney subsequently appealed. A June 17, 2013 progress note is notable for comments that the applicant had issues of morbid obesity, depression, and severe chronic pain syndrome. The applicant was morbidly obese, weighing 324 pounds and was described as using Motrin, Celexa, Cymbalta, Ambien, and Ultram as of that point in time. In a November 19, 2013 appeal letter, it is stated that ongoing usage of Butrans has resulted in a 50% reduction in pain scores and has improved the applicant's ability to perform activities of daily living on the order of 20 to 25%. The applicant is on Celexa, Cymbalta, Ambien, Synthroid, Diovan, Prilosec, baclofen, and Norco. The applicant did exhibit a normal gait. It is stated that the applicant is achieving appropriate pain control as a result of ongoing Butrans usage. Percocet was endorsed for breakthrough pain purposes. On December 4, 2013, it was again stated that the applicant had last abused illicit substances, including methamphetamines, 14Â½ years ago. It is stated that the applicant has tried and failed numerous other opioids, including tramadol and Norco, at various points in the past. On October 9, 2013, the attending provider asked the applicant to try Butrans and easy-to-facilitate daily exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15mg #48 12 month supply: 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 buprenorphine or Butrans, Page(s): 26-27.

Decision rationale: As noted on pages 26 and 27 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine or Butrans is recommended as an "option for chronic pain," especially in applicants who have a history of opioid addiction. In this case, it seemingly has been posited that the applicant has tried and failed numerous other opioids over the years and over the course of the claim, including tramadol, Norco, etc. Butrans has also proven more efficacious than Percocet, the attending provider has posited. The applicant has chronic persistent pain and is in need of around-the-clock analgesia, the attending provider has further posited. A one-month trial of Butrans was seemingly successful in terms of appropriate reduction in pain scores and improved performance of activities of daily living, satisfying two to the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. On balance, then, continuing Butrans is indicated and appropriate. The original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.