

Case Number:	CM13-0072486		
Date Assigned:	01/17/2014	Date of Injury:	05/07/2003
Decision Date:	06/09/2014	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 Anesthesiology, with a subspecialty in Pain Management, 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:

Treatment to date has included right shoulder arthroscopy, anterior subacromial decompression, arthroscopic Mumford procedure, bursectomy, partial synovectomy, debridement of the glenohumeral ligament, insertion of pain pump and acromioplasty (May 8, 2008); right shoulder scapular nerve injection local anesthetic and corticosteroid (September 7, 2012); selective catheterization L4 through L5 epidural space with infusion port, myelogram of the lumbar epidural space, infusion of local anesthetic and corticosteroid (November 2, 2012); home exercise program; and medications which include Tylenol with codeine, Tylenol #3, methadone, naproxen, Norco, gabapentin, Soma, Ultracet, cyclobenzaprine hydrochloride, tramadol ER and Butrans patch. Medical records from 2003-2013 were reviewed the latest of which dated November 25, 2013 which revealed that the patient complains of low back pain, with radiation to the bilateral lower extremities. Pain was rated 8/10 with medications and 10/10 without. Pain increases with activity like walking. On physical examination, the patient has an antalgic gait. There was tenderness of the spinal vertebral levels L4-S1, and decreased sensation in the left lower extremity. Utilization review from December 13, 2013 denied the request for Butrans 10 MCG #4 because although there appears to be lack of sufficient efficacy with the patient's pain medications and provide functional benefit, there were inconsistencies as per the patient's most recent urine drug screen. The guidelines do not support the use of Butrans patch in the presence of aberrant drug use or non-compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10 MCG #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Buprenorphine Transdermal System Section.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Official Disability Guidelines state that FDA has approved a once-weekly buprenorphine transdermal system for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period. In this case, Butrans patch was prescribed since November 25, 2013 for round the clock pain control. The patient has an apparent history of alcoholism and sometimes uses alcohol for pain control. He also has a history of long-term use of opioid analgesic for chronic pain. The recent urine drug testing on November 11, 2013 showed increased levels of both alcohol and opioid analgesic, which may be considered evidence of aberrant drug use. The patient is at risk for oral opioid analgesic abuse. The guideline criteria have been met. The request for Butrans 10 mcg, four count, is medically necessary and appropriate.