

Case Number:	CM14-0002580		
Date Assigned:	01/29/2014	Date of Injury:	04/20/1999
Decision Date:	06/16/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/07/2014

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:

This is a 65-year-old female who injured her low back after lifting a ten (10) pound bag on 04/20/1999. She had an L4/5 discectomy on 12/20/1999 and she had a qualified medical exam (QME) stating that her current medication included Tramadol for pain. She complains of pain "all over" as well as headaches. It is note that she had back surgery. The patient does not have any difficulty with her activities of daily living (ADLs), but states she cannot walk more than fifteen (15) minutes secondary to low back pain. Difficulty sleeping was also noted. Exam findings revealed some decrease in range of motion in the neck, tenderness and decreased range of motion in the lumbar spine, and positive straight leg raise bilaterally. It was recommended that should the patient have a chronic pain flare-up, then a short course of physical therapy should be considered. The treatment to date includes: L4/5 discectomy on 12/20/1999 and medications. From a pharmacologic standpoint for her chronic pain, non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided, because of her diabetes, abnormal renal function, and hypertension. The patient is noted to chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS PATCH 5MCG/HOUR APPLY 1 PATCH EVERY 7 HOURS AS DIRECTED:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. 76, 78, 86, 89. Decision based on Non-MTUS Citation OFFICIAL

DISABILITY GUIDELINES (ODG), TREATMENT IN WORKERS' COMP, 11TH EDITION, PAIN (UPDATED 11/14/2013) AND THE CALIFORNIA CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM (CURES), ([HTTP://AG.CA.GOV/BNE/TRIPS.HTM](http://ag.ca.gov/bne/trips.htm)).

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

Decision rationale: The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. The documentation provided was a qualified medical exam (QME) from 9/28/2013. At that time, the patient was on Tramadol 300mg extended-release (ER) daily. The QME concluded that the patient has a chronic pain syndrome, "better treated with neurotropic medications..." The medications that the QME recommended included: Neurontin, Lyrica, Zonegran, Zanaflex, Baclofen, Topamax, Lamictal, Klonopin, Cymbalta, and Savella. There was no mention of Butrans as a treatment option. The Chronic Pain Guidelines indicate that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations, such as antidepressants and anticonvulsants. There is no indication that first-line medications have been tried as recommended by the QME. Butrans might be indicated in the case of chronic moderate to severe pain, but not as a first line medication. It is also unclear as to why the patient appears to have been switched from Tramadol to Butrans. Therefore, the request for butrans patch 5mcg/hour, apply one (1) patch every seven (7) hours as directed is not medically necessary.