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| Case Number: | CM14-0005084 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 04/01/2009 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/14/2014 |

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 Physical Medicine & Rehabilitation 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 injured worker is a 53-year-old male who reported an injury on 04/01/2009 caused by an unspecified mechanism. The injured worker's treatment history included sleep study, medications, urine drug screen, MRI, and x-rays. The injured worker was evaluated on 06/16/2014 and it was documented that the injured worker had low back pain. The injured workers low back pain was described as stabbing, sharp, constant, and radiated down both legs with the left side pain greater than the right side pain, with constant numbness and tingling in his lower extremities. The injured worker's current pain level was noted at 8/10. The provider noted the injured worker had lumbar radiculopathy, severe depression, severe anxiety, and sleep disturbance. Medications include Hydrocodone 7.5/325 mg, Gabapentin 600 mg, Amitriptyline 10 mg, Hydroxyzine 25 mg, and Omeprazole 20 mg. Diagnoses included urgency to defecate and psychiatric treatment. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10 MCG/HOUR #4: Upheld

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

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

Decision rationale: The request for Butrans 10 mcg/hour #4 is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommends that Butrans Patch mcg/hour is recommended for treatment of opiate addiction. It also states that it is an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-3 controlled substance, Buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, Buprenorphine has been introduced in most European countries as a transdermal formulation (patch) for the treatment of chronic pain. Advantages in terms of pain control include the following, non-analgesic ceiling, a good safety profile (especially in regard to respiratory depression), decreased abuse potential, ability to suppress opiate withdrawal, and apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor). There was lack of conservative care such as physical therapy, pain medication management, and home exercise, noted for the injured worker. In addition, there were no diagnoses indicating the injured worker has an opioid dependency therefore, the request for Butrans 10 mcg/hour #4 is not medically necessary.