MAXIMUS Federal Services

Case Number:	CM14-0103009		
Date Assigned:	07/30/2014	Date of Injury:	11/09/2008
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old female with a work injury dated 11/9/08.The diagnoses include right elbow ulnar nerve entrapment, right elbow epicondylitis, right wrist carpal tunnel syndrome . Under consideration is a request for Butrans 5mcg/hr patch #4.There is a primary treating physician (PR-2) document dated 1/2/14 that states that the patient complains of right elbow pain. Pain is described as aching, shooting, stabbing, numbness and stinging. The Severity of condition is a 6 and 7 on a scale of 1-10 with 10 being the worst. On examination the gait and station examination reveals mid position without abnormalities. Inspection and palpation of bones, joints and muscles is unremarkable. The skin reveals no abnormalities. The patient is alert and oriented. The testing of cranial nerves has no deficits and coordination is good. The treatment plan includes physical therapy, Butrans patch and Topamax.Per documentation on 01/29/14, non-certification was provided for prospective use of Butrans Patch5mcg/hr #4 with warning that in order for this medication to be considered for certification upon subsequent review, documentation of failed trials of "Y" drugs in this class and documentation indicating that this medication is more beneficial to the claimant than a "Y" drug on the ODO formulary as well as documentation of medical necessity will be required.There is a 6/11/14 document that states that the patient failed benefit with Fetzima, and will start Percocet 5/325 QID pm #120, Flector.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr patch #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management., page(s) 78. When to Discontinue Opioids: pages 79-80 Opioids, pain treatment agreement-p. 89 Acupuncture Medical Treatment Guidelines Page(s): 79-80.

Decision rationale: Butrans 5mcg/hr patch #4 is not medically necessary per the MTUS and ODG guidelines. Butrans contains buprenorphine, an opioid agonist The MTUS does not specifically address Butrans Patches but does define functional improvement and when to discontinue opioids. The guidelines recommending continuing opioids when the patient has returned to work and has improvement in pain and function.The ODG states that Butrans patch is an option option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Additionally the MTUS states that documentation should include the 4 A's for Ongoing Monitoring which include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation does not indicate that these domains of ongoing monitoring are being addressed.There is no evidence of an updated urine drug screen. There is no evidence of a signed pain contract. The request for Butrans 5mcg/hr patch #4 is not medically necessary.