

Case Number:	CM14-0105022		
Date Assigned:	07/30/2014	Date of Injury:	01/08/2007
Decision Date:	10/23/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation, has 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:

This is a patient with a date of injury of January 8, 2007. A utilization review determination dated June 19, 2014 recommends noncertification of the Butrans patch. Noncertification is recommended due to stating that Butrans is "utilized to treat individuals being weaned and discontinued from opioid pain medication." A progress report dated January 21, 2013 identifies subjective complaints of neck pain, back pain, and right shoulder pain. The note indicates that the patient is taking Ultram 50 mg as needed with no side effects. No objective examination findings are listed. Diagnosis is cervical disc disorder. The treatment plan recommends acupuncture and continuing with Ultram. A progress report dated June 20, 2014 identifies subjective complaints of neck and shoulder pain which is worse with activity. The patient began a trial of Butrans patches at 5mcg which were minimally helpful for pain reduction with no side effects noted. The physical examination findings revealed decreased painful range of motion with tenderness to palpation in the cervical spine. The diagnoses include cervical disc disorder, neck sprains, myofascial pain, and chronic pain syndrome. The treatment plan recommends cognitive behavioral therapy, a review of the patient's urine drug screen which was positive for oxycodone and codeine, and recommending a trial to increase the Butrans dose to 10 mcg to evaluate for pain reduction and functional improvement. The note indicates that the patient was receiving oxycodone and codeine from his primary doctor at the time of the urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg #4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Butrans (buprenorphine), California Pain Medical Treatment Guidelines state that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the patient was recently started on Butrans. Therefore, there would be no expectation of documentation of functional improvement or analgesic efficacy as the patient is still in the titration phase. The guidelines used for the previous denial were related to Buprenorphine, a medication prescribed for detoxification. Butrans is neither indicated nor used for detoxification and instead is more adequately compared with the guidelines for opiate pain medication. The requesting physician has indicated that a urine drug screen has been performed, and that he will evaluate for functional improvement and analgesic response once the dose has been titrated appropriately. Furthermore, there is documentation that the patient has experienced no side effects. As such, it seems reasonable to allow for dose titration to evaluate whether this medication provides any analgesic efficacy or objective functional improvement. Therefore, the currently requested Butrans is medically necessary.