

Case Number:	CM14-0133262		
Date Assigned:	08/22/2014	Date of Injury:	03/25/2009
Decision Date:	10/17/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 55 year-old male who was injured on 3/25/09 at his place of employment. The patient tried to stop a 200 pound computer from falling, injuring his neck and back. He complained of pain in neck, middle and lower back radiating to his left arm. He also complains of numbness of his legs and arms. In 2009, he had a cervical MRI showing minimal disc bulge in C4-C7 and lumbar spine showing mild disc bulges, neuroforaminal narrowing, and facet joint hypertrophy. In 2010, he had a thoracic MRI showing disc herniations and mild spinal canal stenosis. He was diagnosed with herniated discs of cervical, thoracic, and lumbar spine. He also experienced erectile dysfunction, bowel and bladder incontinence after the injury. He had thoracic discectomy and fusion in 2010 and lumbar hemilaminotomy, foraminotomy, and microdiscectomy in 2012. He was diagnosed with thoracic and lumbar post-laminectomy syndrome and lower limb causalgia. He had an epidural steroid injection in 2011. He had a spinal cord stimulator placed which helped with neuropathic pain in lower back and lower extremities and allowed him to taper medications. His medications included Nucynta, Butrans, Lyrica, and Nuvigil. The patient was previously on Oxycodone, zanaflex, Norco, Robaxin and Celebrex, Ultram, voltaren gel, fentanyl patch, naproxen for pain. He had 12 physical therapy sessions with some benefit. The current request is for Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15mcg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): 26-27, 74-96.

Decision rationale: The request for Butrans is medically unnecessary. According to the MTUS guidelines, buprenorphine is FDA approved to treat opiate addiction. It can be used as an option for chronic pain after detoxification in patients who have a history of opiate addiction. The continued use of opiates requires ongoing review and documentation of pain relief, functional status, and appropriate medication use. The patient had a negative urine drug screen for buprenorphine in 1/2014. It was unclear by records if he had the patch on at that time or if he had not had it placed for two days prior to the screening. The patient struggles with sedation, with his psychiatric medications contributing. Opiates can contribute to sedation significantly. His pain is improved with the spine stimulator but does have breakthrough pain of the cervicothoracic region. Butrans is used for moderate-severe chronic pain, not for breakthrough pain. The patient is also on short-acting Nucynta. There is no drug plan with documentation of future goals and a plan for weaning off opiates. Because of these reasons, the medication is medically unnecessary.