

Case Number:	CM14-0025559		
Date Assigned:	06/13/2014	Date of Injury:	04/25/2009
Decision Date:	08/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

Injured worker is a 57 year old female with date of injury 4/25/09 with related low back pain. Per progress report dated 2/25/14, the injured worker reported right sided-back complaints, and muscle spasms that radiated bilaterally down the legs; she reported bilateral leg numbness which was improving in the right leg. She was status post L3-L5 fusion 10/2/13. MRI of the lumbar spine dated 5/24/13 revealed a disc extrusion at L2-L3 resulting in impingement of the left L3 nerve root and severe canal stenosis. There was also moderate bilateral neural foraminal stenosis at L5-S1 due to a small right paracentral and foraminal disc protrusion. She has been treated with surgery, physical therapy and medication management. The date of UR decision was 7/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF BUTRANS 10MCG #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): 26-27, 78.

Decision rationale: With regard to Buprenorphine, the MTUS CPMTG states: recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate

addiction (see below for specific recommendations). A schedule-III 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. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; and (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor). The documentation submitted for review did not contain information from the primary treating physician regarding the reason for prescribing this medication. It was noted per 10/15/13 progress report that the patient had been taking Norco 10/325, Percocet 10/325, and valium with no relief. The documentation does not support the use Butrans. The request is not medically necessary.