

Case Number:	CM14-0029749		
Date Assigned:	06/16/2014	Date of Injury:	07/27/2010
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational 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:

The claimant injured her cervical spine on 07/27/10. BuTrans patches are under review. She saw [REDACTED] on 12/13/13. She complained of ongoing pain in her stomach and GI disturbance with medicine and foods. She had tenderness of the low back with spasm and tightness. There was also tenderness of the lateral angles with painful motion and an antalgic gait. There was mild swelling and an inability to heel/toe maneuver. She was diagnosed with low back strain, cervical strain, and a right ankle osteochondral lesion. She had reached maximal medical improvement. She needed a sedentary type job. Other diagnoses included rule out lumbar disc herniation, status post arthroscopic surgery to the right ankle, rule out tarsal tunnel syndrome and a sleep disorder. She was given BuTrans patches. She was also prescribed Exoten topical. An orthopedic reevaluation was recommended in 6 weeks. She has also received other topical medications. She has received other medications in the past but side effects and lack of effect are not clearly described.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS PATCH 10MCG #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Bupreorphine. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Formulary: BuTrans.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, page 57 Page(s): page 57. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Formulary: BuTrans.

Decision rationale: The history and documentation do not objectively support the request for BuTrans patches. The California MTUS p. 57 state "Buprenorphine may be recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The ODG formulary states Buprenorphine may be "recommended as an 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. Use for pain with formulations other than BuTrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." There is no clear evidence that the claimant tried and failed all other reasonable first line drugs and only the use of Topicals was described. There is no evidence that the ODG criteria have been met, in particular, that the claimant has a hyperalgesia component to her pain, centrally mediated pain, or is at high risk of non-adherence with standard opioid maintenance. There is no history of detoxification. She has been prescribed oral medications but the results are not clear, including side effects and ineffectiveness. Therefore the request is not medically necessary.