

Case Number:	CM14-0038912		
Date Assigned:	06/27/2014	Date of Injury:	04/21/2008
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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 Neurology and is licensed to practice in Arizona. 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 36-year-old male with a work related injury on 4/21/2008; the mechanism of injury is unknown. Since the time of his injury, he had a continual complaint of lower back pain that is non radiative and is absent of radicular symptomatology. Examination reveals tenderness to palpation and light percussion in the upper midline lumbar region around L2-3. Neurological testing (DTR's and seated straight leg raise) are symmetrical and unremarkable. The patient underwent a lumbar MRI on 10/03/2008 which was found to be normal. A progress report dated 02/20/2014 indicates obtaining a lumbar MRI 'secondary to increased axial pain of the lumbar spine and tenderness to palpation of the upper lumbar spine'. In dispute is a decision for a lumbar MRI and Butrans patches 10mg, #4 per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Adult_Spine.pdf.

Decision rationale: Lumbar MRI: From the American College of Radiology (ACR) appropriateness criteria: "MRI allows direct visualization of the spinal cord, nerve roots, and discs, while their location and morphology can only be inferred on plain radiography and less completely evaluated on myelography. Compared to a CT scan, an MRI provides better soft tissue contrast and the ability to directly image in the sagittal and coronal planes. It is also the only modality for evaluating the internal structure of the cord". However, as the patient does not express new or worsening symptoms, has not experienced a traumatic event in the interval history since his industrial claim, complaint of changes in constitutional or red flag symptoms, I find the request for a lumbar MRI based upon palpatory findings alone is not adequate to obtain such a study.

Butrans Patch 10MG #4 per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain: Buprenorphine for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 26,27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/butrans-patch.html>.

Decision rationale: Butrans (Buprenorphine) patch, this medication is indicated for the treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone): When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of use because of the risks of addiction, abuse and misuse with opioids, even at recommended doses, and because of the greater risk of overdose and death with extended-release opioid formulations, reserve Butrans for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. Butrans is not indicated as an as-needed (prn) analgesic. Its prescribing is reserved only by healthcare professionals who are knowledgeable in the use of potent opioids for the management of chronic pain. Because of this medication's FDA approval for use in opioid withdrawal (or severe pain requiring continuous titration), coupled with the patient's admittance of attempting to cut down on his opioid pain medication and go back to the use of Naprosyn indicates a desire for the patient to distance himself from the use of opioids, adding a medication like Buprenorphine to his

treatment regimen is counterproductive. I find that is it not medically necessary and is not authorized.