

Case Number:	CM14-0043843		
Date Assigned:	07/02/2014	Date of Injury:	07/25/2013
Decision Date:	07/31/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 injured worker is a 62-year-old male who reported an injury on 07/25/2013 caused by falling out of a trailer and was struck by 2 bars on the neck. The injured worker underwent an MRI with an undocumented date of service revealing an L5-S1 disc bulge. On 07/07/2014, the injured worker complained of cervical and lumbar back pain. It was noted that the injured worker's pain level was 4/10 being the least and the worst being a 10/10. It was noted the injured worker stated that the back pain had aching, burning, throbbing, sore, pressure and pinching. It was noted the injured worker stated heat and massaging improved the condition of his back pain. On the physical examination of the neck revealed pain to palpation over the C2-3, C4-5, the facet capsules, bilateral, secondary myofascial pain with triggering, ropey fibrotic banding and pain with rotational extension indicative of facet capsular tears bilateral. The physical examination of the lumbosacral exam revealed positive Patrick's maneuver, bilateral pain to palpation over the L3-4, L4-5, L5-S1 facet capsules bilateral pain with rotational extension indicative of facet capsular tears bilateral, and secondary myofascial pain with triggering and ropey fibrotic banding. The medications included Butrans 20 mcg /HR Patch and Fetzima 40 mg. The injured worker diagnoses included cervical/lumbar strain. The plan included for decision for Butrans Patch 5 mg/hour #4. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mg/hour #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27..

Decision rationale: The request for Butrans Patch 5 mg/hour #4 is non-certified. The Chronic Pain Medical Treatment Guidelines recommends that Butrans Patch 5 mg/hour is recommended for treatment of opiate addiction. It also states that it is an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-3 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. Advantages in terms of pain control include the following: non-analgesic ceiling, a good safety profile (especially in regard to respiratory depression), decreased abuse potential, ability to suppress opiate withdrawal, and apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor). There was lack of conservative care such as physical therapy, pain medication management and home exercise regimen noted for the injured worker. The injured worker's diagnoses included cervical/lumbar strain. In addition, there were no diagnoses indicating the injured worker has an Opioid dependency. Given the above, the request for Butrans Patch 5 mg/hour #4 is non-certified.