MAXIMUS Federal Services

Case Number:	CM14-0058365		
Date Assigned:	07/09/2014	Date of Injury:	09/24/2012
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 and 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:

This 50 year-old male conveyor belt trash sorter sustained an injury on 9/24/12 while employed by [redacted]. The request under consideration includes Butrans Patches 5mcg #4. The CURES report of 11/12/13 was noted to be consistent. The injured workers medications list Omeprazole, Norco, Docuprene, Lidopro Cream, and Fluoxetine. The patient had functional capacity evaluation dated 1/13/14 and was noted to be not working since 11/14/12. A report dated 01/28/14 from the provider noted the patient with ongoing chronic neck and back pain rated at 9/10 associated with upper extremity numbness and tingling in the hands as well as the feet; There is report of occasional incontinence, constipation, fever, stomach pain, nausea, headaches, and ankle swelling. Chiropractic treatment was reported to be somewhat helpful. An exam showed tenderness to palpation of the cervical and lumbar paraspinal muscles; restricted range of motion in all planes of the thoracic and lumbar spine. The treatment included trial of Butrans for chronic, round-the-clock pain coverage and modified duty if available. A report of 03/26/14 from the provider noted unchanged chronic bilateral radicular upper and lower extremity symptoms with numbness and tingling and persistent spasms. An exam showed unchanged decreased range throughout whole spine at cervical, thoracic, and lumbar regions along with 4+/5 diffuse motor strength with give-way weakness with intact lower extremity sensation and decreased left C6 dermatome sensation. The diagnoses included cervical radiculpathy/ DDD and facet arthropathy; thoracic DDD; lumbar HNP with DDD and facet arthropathy/ radiculopathy. The treatment included continuing with medications, recent LESIs has not helped with pain, with future consideration for medial branch blocks. The report of 04/02/14 noted acupuncture evaluation and treatment. The request for Butrans Patches 5mcg #4 was not medically necessary on 04/04/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 5mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans Patches/Buprnorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, pages 26-27; Opoids, page(s) page 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects Page(s): 26-27, 74-96.

Decision rationale: Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and not medically necessary for rationale of lack of pain contract, indication, and documentation of opioid addiction. BuTrans has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms for this injury of 2012 with patient remaining not working since 2012. Medical necessity for continued treatment has not been established for Butrans patch. The Butrans Patches 5mcg #4 is not medically necessary and appropriate.