

Case Number:	CM14-0060591		
Date Assigned:	07/09/2014	Date of Injury:	10/15/1998
Decision Date:	10/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 52 year-old female who reported a work related injury on 10/15/1998 as a result of climbing a ladder and losing her balance resulting in her twisting her back. The injured worker's diagnoses consist of chronic intractable low back pain secondary to lumbosacral degenerative disease, severe neuropathic pain, and chronic pain syndrome. The past treatment has included two lumbar fusion which do not provide any relief, physical therapy and acupuncture which provided relief. A CT scan of the lumbar spine dated 07/20/2007 which indicated posterior subluxation with a disc bulge and a second CT scan on 08/19/2011 which revealed degenerative facet disease, a MRI dated 03/10/2009 revealed a mild broad based right foraminal disc protrusion with associated right dorsal annular tear, An EMG/NCV test on 11/16/2011 revealed chronic neuropathic findings in the left lower lumbar paraspinal muscle with slowly evolving radiculopathy, and an urine drug screen dated 03/03/2014 which yielded inconsistent results with prescribed medication. The injured worker had a lumber fusion from L3-5. Upon examination on 03/31/2014 the injured worker complained of low back pain that radiated to both legs but primarily in the left lower extremities to the lateral thigh and wraps inside the leg to the big toe. The pain was noted to be worse at night and decrease with medication. It was noted that the injured worker had tenderness in the mid to upper lumbar spine. The injured worker's prescribed medications include; Tylenol which causes dizziness, Lidoderm patch, Atenolol, and Motrin. The injured was noted to have taken Tramadol and Lyrica, however, she had side effects to both of them. The treatment plan was to change the injured workers Tylenol with codeine prescription to Butrans (Buprenorphine) transdermal system 5MCG/hour to decrease dizziness cause by the Tylenol. The Request for Authorization form for Butrans (Buprenorphine) Transdermal System 5MCG/hour was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans (Buprenorphine) Transdermal System 5MCG/hour.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8C.C.5.9792.20-9192.26 P.

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

Decision rationale: The request for Butrans (Buprenorphine) Transdermal System 5MCG/hour is not medically necessary. California MTUS recommends Butrans for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial antagonist at the mu-receptor and an antagonist at the kappa receptor that is thought to produce alterations in the perception of pain, including emotional response. The proposed advantages in terms of pain control include the following; No analgesic ceiling, a good safety profile, decreased abuse potential, the ability to suppress opioid withdrawal, and an apparent antihyperalgesic effect. 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. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. Within the documentation provided for review it was noted that the injured worker had an inconsistent urine drug screen results. However, there is no indication of failure to treat with an opioid or addiction to warrant the need of Butrans. Butrans is not a first-line opiate, the injured worker has only been prescribed Tramadol and is allergic to Vicodin. It was also noted that the injured worker was prescribe Tylenol with codeine which caused dizziness, in this case another short acting opioid should be prescribed. Additionally, Butrans is prescribed for the treatment of opioid addiction, chronic pain, and to detoxify opioid addiction. Within the documentation there is no discussion of an opioid addiction that would indicate the necessity of a Butrans patch rather than a first line short acting opioid. As such, the request for request for Butrans (Buprenorphine) Transdermal System 5MCG/hour is not medically necessary.