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| Case Number: | CM14-0062896 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 07/06/2009 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 Alabama. 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:

Clinical Summary: The patient is a 46 year old male who was injured on 07/06/2009. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the lumbar spine dated 06/06/2012 revealed suboptimal visualization of the discs at L3-4 and L4-5 due to metallic artifacts at these levels. The disc levels of L2-3 appear normal and L5-S1 shows postoperative change but otherwise appears unremarkable. Progress report dated 04/28/2014 states the patient presented with low back pain complaints radiating down the bilateral lower extremities. The pain becomes aggravated by prolonged activity. The pain is rated as 7/10 with medications and 10/10 without medications. On exam, the lumbar spine revealed spasm noted in the paraspinous musculature. The range of motion of the lumbar spine was limited secondary to pain. The patient is diagnosed with cervical radiculitis, lumbar facet arthropathy, and GI upset with NSAIDS. The patient is recommended Butrans patch as the patient has failed conservative treatment and had limited response with Lidoderm or Flector patches. Prior utilization review dated 05/05/2014 states the request for Butrans (Transdermal Buprenorphine) 15mcg/hr patches, QTY: 4 is denied as it is not recommended as first line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans (Transdermal Buprenorphine) 15mcg/hr patches, QTY: 4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological

Basis of Therapeutics, 12th Edition, Mcgraw Hill 2006, Physician's Desk Reference, 68th Edition (www.RxList.com)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Buprenorphine Page(s): 23. Decision based on Non-MTUS Citation (ODG), Pain,
Buprenorphine for chronic pain

Decision rationale: The above MTUS guidelines for buprenorphine state "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." Above ODG guidelines state that buprenorphine is "Recommended as an option for treatment of chronic pain in selected patients. Suggested populations: ...Patient's with neuropathic pain." In this case, note from 4/28/14 lists diagnosis as "Iatrogenic Opioid Dependency" as well as "cervical radiculitis" and "Butrans patches helpful in limiting use of Hydrocodone." The appeal states [REDACTED] current medication profile represents a careful titration/adjustment of opiates over many months... allowed him to maintain basic levels of self ADL functioning at home." Being that the patient has a diagnosis of opioid dependency, and also neuropathic pain in the form of cervical radiculitis there is indication of buprenorphine patch. Therefore based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.