

Case Number:	CM14-0064073		
Date Assigned:	07/11/2014	Date of Injury:	05/28/1999
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/06/2014

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 is a 54-year-old female with a 5/28/99 date of injury. She injured her cervical spine, left shoulder, and left knee due to a slip and fall injury. According to a progress report dated 4/3/14, the patient complained of pain at the base of her neck that radiated into the right and left scapular region. Her neck pain was constant, achy, and burning in character. The pain without her medication was 9-10/10 and with her current medication her pain level averaged 6/10 and was tolerable. She had some chronic paresthesia in the left hand secondary to a prior CTS surgery and ulnar nerve release at the elbow on the left. Objective findings: slightly limited ROM of her neck at end range due to myofascial pain, slight ROM limitation in the right knee at end range due to pain, moderated effusion and tenderness to palpation of the lateral joint space of the right knee. Diagnostic impression: cervicgia; pain in joint, shoulder region; pain in joint, lower leg. Treatment to date: medication management, activity modification, facet blocks, surgery. A UR decision dated 4/15/14 denied the request for Butrans. The medical records did not contain additional details at this time subsequent to a prior physician modification to clarify why there was indication for ongoing use at this time. The four A's of opioid management has not been documented in the medical records and again the medical records did not contain additional details subsequent to a prior modification at which time additional information was recommended prior to a new recommendation for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans (buprenorphine) Transdermal System 20mcg/hour: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, pg 78; Opioids, Ongoing Management, pg 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Buprenorphine Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans).

Decision rationale: The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. This patient has been utilizing Butrans since at least 2011 without documentation of significant pain relief or improvement in activities of daily living. Although there is documentation that the patient's pain is decreased from her current medication regimen, there is no specific mention that Butrans is providing the pain relief. In addition, prior UR decisions dating back to 2011 have recommended weaning the patient off of Butrans. There is no documentation that the provider has addressed the issue of weaning. Therefore, the request for Butrans (buprenorphine) Transdermal System 20mcg/hour is not medically necessary.