

Case Number:	CM14-0065011		
Date Assigned:	07/11/2014	Date of Injury:	04/28/2004
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational Medicine 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 36-year-old male with a 4/28/04 date of injury. The mechanism of injury was a work-related motor vehicle accident. According to a progress report dated 6/17/14, the patient complained of neck pain with radiation to the left shoulder/upper arm with intermittent numbness and tingling; right elbow pain with intermittent tingling in the fourth and fifth digits; mid-back pain, increased by repetitive movement; low back pain, increased by repetitive movement or prolonged sitting. He stated that with pain medication, his pain level is 5/10 and without medication, it would be 8/10. The opioid medication does allow him to do activities of daily living including walking and sleeping. Objective findings include sensation to light touch decreased in the right fourth and fifth digits in the ulnar nerve distribution, tenderness and slight spasm of interscapular parathoracic muscles bilaterally, paracervical muscles showed mild spasm and tenderness. Diagnostic impression is cervical strain with left cervical radicular symptoms and signs, spontaneous aggravation since 10/15/11; right elbow laceration with residual right elbow pain and tardy ulnar palsy with paresthesia and hypesthesia of right fourth and fifth digits; thoracic and lumbar strain; bilateral shoulder strain; healed laceration of left jaw. Treatment to date includes medication management and activity modification. A UR decision dated 4/11/14 modified the request for Butrans patch from four patches to two patches. A UR review dated 11/11/13 instituted weaning for Butrans due to the patient not fitting the guideline criteria for continued use. The exam on 3/17/14 reported decreased pain as compared to the next most recent exam of 9/30/13, and the provider noted that the patient's level of function is essentially unchanged as compared to functional levels on 10/17/13. Weaning of Butrans should continue as the patient's functional levels are unchanged and his pain has improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Buprenorphine 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. It is documented that the patient is currently utilizing Norco. Buprenorphine, the active ingredient in Butrans, is a mixed opioid agonist/antagonist. Buprenorphine blocks the analgesic effects of other opioids, such as Norco. There is no rationale provided as to why this patient requires Butrans as an around-the-clock opioid analgesic instead of another medication. In addition, prior UR decisions 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 Patch 10mcg/hr #4 was not medically necessary.