

Case Number:	CM14-0069776		
Date Assigned:	07/14/2014	Date of Injury:	01/15/2009
Decision Date:	09/09/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 51 year-old patient sustained an injury on 1/15/09 while employed by [REDACTED]. Request(s) under consideration include Butrans patch #4 with 1 refill. Report of 5/14/14 from the provider noted review of non-certification of Butrans patch citing that although the patient may require oral buprenorphine for exacerbation, the medical necessity for the patch in addition was not established. The provider noted the patient was prescribed the patch trial for two reasons; namely to relieve her pain and improve functions and second that it may be possible to take less oral buprenorphine. However, as noted by the provider's report for reconsideration, the patient "was unable to reduce oral buprenorphine" from prior attempts and the patient cannot go without medications therefore would require a prescription of oral buprenorphine. Medications list Lidoderm patch 700mg/patch 5%; Ativan; oral Buprenorphine 2 mg (2 tabs 3x/day); liquid Acetaminophen 500 mg; and MVI. Brief exam noted vitals and general appearance to be stated age; well-groomed and does not appear to be in acute distress. Diagnoses included chronic pain syndrome, myofascial pain syndrome, post-laminectomy syndrome; and knee medial meniscal tear. Treatment included refills of medications, acupuncture treatment, yoga classes, exercises, and sleep hygiene. Request(s) for Butrans patch #4 with 1 refill was non-certified on 4/17/14 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 patch #4 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. 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 decreased in medication utilization or self-independence continuing to treat for chronic pain symptoms for this chronic injury of 2009. There is also no notation of any functional improvement while on the patch or from the oral formulation nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this injury. Medical necessity for continued treatment has not been established for Butrans patch. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Butrans patch #4 with 1 refill is not medically necessary and appropriate.