

Case Number:	CM14-0070304		
Date Assigned:	07/14/2014	Date of Injury:	06/01/1976
Decision Date:	09/08/2014	UR Denial Date:	04/21/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 64-year old female who was injured on 6/1/1976. The diagnoses are low back pain, cervical radiculopathy and neck pain. There are associated diagnoses of depression and anxiety. The past surgery history is significant for C4-C5 cervical spine fusion and lumbar spine surgery. The EMG/NCS (Electromyogram/ Nerve conduction stimulation) showed C5 to C8 radiculopathy. The MRI of the cervical spine showed fusion, multilevel degenerative disc disease and disc bulges. There was degenerative disc disease and facet arthropathy of the lumbar spine. There were cognitive changes and falls associated with utilization of high dose opioids in 2013. The patient was successfully detoxed in an inpatient facility. The medications are Butrans, hydrocodone, Lyrica and naproxen for pain, Protonix for the prevention and treatment of NSAIDs associated gastritis and venlafaxine for depression and anxiety. A Utilization Review determination was rendered on 4/21/2014 recommending non certification for Butrans patch 10mcg/hr #4 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Butrans is an extended release dermal formulation of buprenorphine, a partial opioid agonist. Butrans patch is especially indicated for chronic opioid therapy for patients who are at high risk for non-adherence to standard oral opioid medications regimens. Butrans can also be utilized for patients who were previously weaned or detoxified from high dose opioids because of its lower addiction potential. The record indicates that the patient underwent inpatient detoxification from high dose opioids in 2013. The patient has a significant psychiatric history and did not want to return to high dose oral opioid medications or inpatient psychiatric treatment. The criterion for the use of Butrans 10mcg/hr #4 is medically necessary.