

Case Number:	CM14-0086487		
Date Assigned:	07/23/2014	Date of Injury:	08/26/2011
Decision Date:	09/19/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 39 year old male with a work injury dated 8/26/11. The diagnoses include right leg pain/ Complex regional pain syndrome (CRPS); neck pain radiating to the head and arms; bilateral shoulder pain; right wrist-hand pain, status post hip surgery November 2011. Under consideration is a request for BuTrans 10mcg Quantity 4. There is a primary treating physician report dated 3/5/14 that states that the patient comes for follow up of persistent neck, thoracic, low back, and right lower extremity pain, right upper extremity cramping and pain as well. No change since his last visit. He continues to complain of severe depression and anxiety, more so on anxiety whenever he is alone or he has to transfer from the bed to his wheelchair, from the bed to his commode or vice versa. He gets extremely anxious. He is afraid of falling and having increased pain. He is not doing any form of exercise. He stays in bed all day. He may get up and sit in front of the TV and go back to bed, but he is not doing much other than that. He is not taking any narcotics. He does not like the way they make him feel. He has a low tolerance for narcotic medications apparently. On exam there is no significant change. He is in a wheelchair, complaining of cramping in his right lower extremity and right arm and refused to move either one. There is no obvious atrophy. The treatment plan includes increase the Soma to 4 a day. He will keep the Klonopin at 4 a day. He does not want to try Lexapro. He will try BuTrans 5 mcg patches 1 a week. There is a request to authorize BuTrans, it is a nonnarcotic pain patch. A 5/1/14 progress note states that the patient has been having more spasms in his right lower extremity. It keeps turning inward now. He also complains of cold sensation of bilateral hands. His medications include Butrans patch 5 mcg q, week; Klonopin 2 mg 4 times a day; Compazine 5 mg 3 times a day; Metoprolol; Lisinopril; Nortriptyline; Soma; Gabapentin; Restoril; Pantoprazole; Topamax; Colace; Miralax; Proctosol-HC; Hydrocortisone 25 mg as needed. On

physical exam he is sitting on a wheelchair. His right knee is bent off to the side. Every half minute, he is letting out a grunt of pain and he is tensing up his entire body, gritting his teeth, He would not sit still but he is riding back and forth. The treatment plan included increasing his Butrans Patch to 10mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

BuTrans 10mcg Quantity 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids , when to continue opioids Page(s): 79, 80. Decision based on Non-MTUS Citation (ODG) Pain (chronic), Buprenorphine for chronic pain.

Decision rationale: BuTrans 10mcg Quantity 4 is not medically necessary per the MTUS and ODG guidelines. Butrans contains buprenorphine, an opioid agonist The MTUS does not specifically address Butrans Patches but does define functional improvement and when to discontinue opioids. The guidelines recommending continuing opioids when the patient has returned to work and has improvement in pain and function. The ODG states that Butrans patch is an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. The documentation indicates that patient was prescribed Butrans patch on 3/5/14. The documentation indicates on 5/1/14 the patient is in severe pain. Given the fact that despite being on Butrans the patient has not had significant increase in functional improvement or decrease in pain levels the request for Butrans Patches 10mcg quantity 4 is not medically necessary.