

Case Number:	CM14-0163042		
Date Assigned:	10/08/2014	Date of Injury:	07/31/1999
Decision Date:	01/02/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

43y/o female injured worker with date of injury 7/31/99 with related back and right knee pain. Per progress report dated 8/19/14, the injured worker reported worsening back pain as well as worsening neck pain that radiated down her left arm. She rated her back pain a 9/10, right knee pain 8/10, and neck pain 8/10. At the time of examination she was using about four norco per day, along with BuTrans patch at 10 mcg/hr. She stated that it kept her functional. She reported 50% reduction in her pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. Per physical exam, her right knee had full active range, there was some laxity with valgus maneuver and anterior drawer sign, patellar compression was painful, apprehension sign was negative, McMurray sign negative. There was limited range of the lower back, straight leg raising test was positive bilaterally, DTRs were +1 at the knees and ankles. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 9/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10 mcg/hr, four patches: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27, 78.

Decision rationale: With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor)."Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The documentation submitted for review supports the use of this medication as it provides pain relief and improves function for the injured worker. It was also noted that urine drug screens were appropriate. However, per the submitted documentation, it was noted that weaning was in progress. As BuTrans is not a first line opiate, and the injured worker's current MED is 260, continued weaning is supported. The UR physician has certified this request. One month supply of BuTrans patch 10mcg/hr #4 for weaning and discontinuation purposes over the course of the next 2-3 months is medically necessary.