

Case Number:	CM14-0164190		
Date Assigned:	10/09/2014	Date of Injury:	11/20/2008
Decision Date:	04/20/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 59 year old male who sustained an industrial injury on 11/20/08 involving his neck and back. He currently complains of consistent, dull back pain that can increase to a shooting, tingling pain radiating into bilateral upper and lower extremities and neck pain. Medications include Prilosec, lorazepam, omeprazole, Butrans patch, Tramadol, trazadone. Diagnoses include degeneration of the cervical intervertebral disc; cervical spondylosis without myelopathy; cervicgia; brachial neuritis or radiculitis; muscle spasm; lumbago; thoracic or lumbosacral neuritis or radiculitis, nausea and vomiting; anxiety; headache; degeneration of the lumbar or lumbosacral intervertebral disc and spinal stenosis. Treatments include physical therapy, epidural steroid injections, rest, ice, chiropractic and massage therapies and pain medications which do provide relief, transcutaneous electrical nerve stimulator unit that is helpful. Diagnostics include MRI of the lumbar spine revealing L5-S1 degenerative disc disease and L4-5 foraminal stenosis. In the progress note dated 9/26/14 requests a refill for Butrans patch for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS PATCH 10MCG/HR, ONE PATCH ONCE A WEEK: Upheld

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Butrans.

Decision rationale: MTUS states that Butrans, which is a brand name of the drug known as buprenorphine, is "recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." ODG states "Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence." The ODG states that Suboxone is "recommended as 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. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." The employee is using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for using Suboxone instead of one of the first line agents. Therefore, the request for Butrans patch, is not medically necessary.