

Case Number:	CM14-0181779		
Date Assigned:	11/06/2014	Date of Injury:	07/23/2008
Decision Date:	02/18/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 45 year old female with an injury date of 07/23/08. Based on the 10/07/14 progress report provided by treating physician, the patient complains of lower back pain rated 6-9/10 with a burning, pulsating, sharp, shooting, stabbing throbbing quality. Physical examination dated 10/07/14 notes tenderness to the lower back with spasms of the lumbar paraspinal muscles overlying the facet joints and S1 joints, trigger points noted over lower paraspinal muscles. Range of motion was not assessed owing to pain elicitation. Straight leg test positive bilaterally at 45 degrees. The patient is currently prescribed Ambien, Butrans, Clonazepam, Elmiron, Flector, Lyrica, Metalone, Terocin lotion, Olanzipine, and Omeprazole. Diagnostic imaging pertinent to chief complaint was not included with the report. Patient has undergone physical therapy, pool therapy, and steroid injections of unspecified quantities directed at her chief complaint. Patient is not currently working. Diagnosis 10/07/14- Degeneration of the lumbar intervertebral disc- Lumbosacral radiculitis- Chronic pain syndromeThe utilization review determination being challenged is dated 10//28/14. The rationale is: "...the clinician has not provided a specific rationale for the use of this medication. It is unclear if the claimant was previously utilizing opiates. The clinician indicates that she was on maintenance opiate medications, but does not indicate what medicate or what dosage the claimant was utilizing." Treatment reports were provided from 11/06/13 to 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with lower back pain rated 6-9/10 with a burning, pulsating, sharp, shooting, stabbing throbbing quality. The request is for meds times 1 - Butrans 10 mcg. Physical examination dated 10/07/14 notes tenderness to the lower back with spasms of the lumbar paraspinal muscles overlying the facet joints and S1 joints, trigger points noted over lower paraspinal muscles. Range of motion was not assessed owing to pain elicitation. Straight leg test positive bilaterally at 45 degrees. The patient is currently prescribed Ambien, Butrans, Clonazepam, Elmiron, Flector, Lyrica, Metalone, Terocin lotion, Olanzipine, and Omeprazole. Diagnostic imaging pertinent to chief complaint was not included with the report. Patient has undergone physical therapy, pool therapy, and steroid injections of unspecified quantities. Patient is currently not working. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, activities of daily living (ADL)s, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. ODG-TWC, Pain (Chronic) Chapter states: "Buprenorphine for opioid dependence: Recommended for selected patients for treatment of opioid dependence... Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain." "Buprenorphine for chronic pain: 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." Progress reports provided indicate that the patient suffers from chronic intractable pain and loss of function stemming from her lumbar disc degeneration, presents with significant psychiatric history coupled with consistent objective reports of severe anxiety, panicking, and crying secondary to her pain during visits, as described in progress reports dated 10/07/14, 09/29/14, and 09/22/14. MTUS guidelines on the utilization of Buprenorphine suggest that this medication is an appropriate in individuals for individuals who have previously been detoxified from other high-dose opioids. Progress report dated 09/29/14 states "this patient is no longer taking narcotic analgesics and her pain is out of control", progress report dated 09/16/14 shows that the patient was prescribed Kadian 20mg BID. Owing to recommendations that this medication is indicated for patients with hyperalgesia, neuropathic pain, following discontinuation of high-dose opioid narcotics, it appears that this request could produce

significant quality of life improvements for this patient. Therefore, the request is medically necessary.