MAXIMUS Federal Services

Case Number:	CM14-0197456		
Date Assigned:	12/05/2014	Date of Injury:	05/21/2010
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 injured worker has states of injury of 11/1/09 and 5/21/10. The mechanism of injury is not described in the records. The 11/1/09 injury appears to have resulted primarily in thoracic and lumbar pain. The injury of 5/21/10 was an injury involving the left foot and ankle. Ongoing complaints related to these 2 injuries include chronic thoracic and lumbar pain as well as left extremity pain with severe foot and ankle pain. She also has had complaint of compensatory left hip pain and gait derangement. Current diagnoses include left foot/ankle pain with complex regional pain syndrome, lumbar strain with persistent low back pain, sick back pain, left hip pain, and right hand/wrist pain secondary to use of a cane. Treatment has included physical therapy, chiropractic treatment, ankle braces, thumb spica splint, home exercise program and medications including the Butrans patch, Flector patch, Vicodin and Lyrica. Lumbar sympathetic nerve blocks have not been helpful. She has been on a Butrans patch since at least December 2012. On 9/2/4 the dose for the Butrans patch was increased to 10 mcg/hr from the previous 5 mcg/hr. The Utilization Review on 11/10/14 did not certify the primary treating physicians request for Butrans patch 10 mcg/h #4.

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, #4: Overturned

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 Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Buprenorphine for chronic pain

Decision rationale: The MTUS notes that Butrans patches (buprenorphine) are recommended for treatment of opiate addiction. It is also 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). 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). When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. The ODG guidelines recommend buprenorphine 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.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.The injured worker clearly has chronic pain that does require ongoing use of pain medication, in this case a Butrans patch. There is no documentation of opioid addiction or detoxification, or failure of first-line medications. The records are somewhat deficient in documentation of decreased pain and objective evidence of functional improvement. There is no mention in the medical records of any attempt to wean from pain medication. The treating physician should improve documentation as noted in the MTUS for ongoing use of opioid medications. With that said, the Butrans patch is a recommended treatment option for chronic pain and is prescribed by a pain specialist. Given the significant consequences of abrupt withdrawal this medication, which has been used for at least 2 years, I am reversing the prior utilization review decision. The request for Butrans patch 10 mcg/hr #4 is medically necessary.