

Case Number:	CM14-0217860		
Date Assigned:	01/07/2015	Date of Injury:	01/21/2012
Decision Date:	04/15/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67-year-old female sustained a work related injury on 01/21/2012. As of an office visit dated 01/12/2015, the injured worker noted that her lumbar pain was starting to slowly improve. Symptoms were exacerbated with household duties such as cleaning and laundry. Over the holidays, she ran out of Butrans and began to have withdrawal symptoms of anxiety and shortness of breath. She felt as if bugs were crawling on her legs. She saw her primary care physician who placed her on trazodone and clonidine. Assessment included thoracic / lumbosacral neuritis unspecified, spinal stenosis, lumbar with neurogenic claudication, acquired spondylolisthesis, cervical spondylosis, lumbosacral spondylosis, brachial neuritis unspecified and displacement cervical intervertebral disc. Treatment plan included possible FRP, Acetaminophen for pain, computed tomography to assess fusion if pain is still bad and Lorazepam for anxiety/muscle spasm. According to a previous progress report dated 10/16/2014, the injured work was weaned down to Butrans patch 5mcg every 7 days. Records submitted for review indicate that the injured worker had been consistently utilizing Butrans since March 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5 mcg # 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, there was insufficient evidence submitted to show measurable functional gains directly from the Butrans patch use to support its continual use, as this was not included in the documentation provided. Also, there was evidence to suggest an attempt at weaning was being arranged, however the dose requested this time is the same as was recommended many months prior, suggesting this wean isn't being followed through. Therefore, the Butrans patch 5 mcg #4 will be considered medically unnecessary. Continued weaning is however, recommended.