

Case Number:	CM15-0009461		
Date Assigned:	01/27/2015	Date of Injury:	01/27/2012
Decision Date:	03/19/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 58 year old female who sustained an industrial injury reported on 1/27/2012. She has reported continued left shoulder pain. The diagnoses have included left shoulder supraspinatus and infraspinatus tendinosis without tear; minimal acromioclavicular osteoarthritis; and trace amount of fluid in the subacromial-sub-deltoid bursa. Treatments to date have included consultations; diagnostic imaging studies; and medication management. The work status classification for this injured worker (IW) was noted to be a permanent and stationary with modified work duty versus unable to return to work in any capacity. On 12/18/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/1/2014, for Butrans patches 10mcg #4 with 2 refills, versus #12, for pain control. The Medical Treatment Utilization Schedule, chronic pain medical treatment, buprenorphine, weaning of medications, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 10 MCG Qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine, Weaning of Medications Page(s): pages 74-95, pages 26-27, page 124.

Decision rationale: BuTrans (transdermal buprenorphine) is a unique opioid (a partial agonist at the mu receptor and an antagonist at the kappa receptor) used for pain control. The FDA approved this medication for on-going moderate to severe pain, although there are certain types of pain that are more likely to be benefitted by this opioid than others. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include such elements as the current pain intensity and the pain intensity after taking the opioid medication, among others. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. The Guidelines recommend an individualized taper when the benefits of this treatment do not outweigh the risks and/or negative effects. The submitted documentation indicated the worker was experiencing left shoulder pain. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion describing how it was determined the lowest dose was prescribed or an independent risk assessment. Further, the documentation suggested the worker was not consistently filling the prescriptions in a timely manner, and the request is for several months of treatment, which would limit monitoring. For these reasons, the current request for twelve BuTrans (buprenorphine) 10mcg/h patches is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation and variable use of the medication, an individualized taper should be able to be completed with the medication the worker has available.