

Case Number:	CM15-0100717		
Date Assigned:	06/03/2015	Date of Injury:	08/21/2012
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Emergency 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 51 year old male, who sustained an industrial injury on 8/21/2012. The current diagnoses are lumbar facet syndrome, rule out herniated nucleus pulposus, lumbar muscle spasms, lumbar/thoracic myalgia/myositis, sacroiliitis, cervicalgia, cervical muscle spasms, fibromyalgia, cervical/thoracic myalgia/myofascitis, and tenosynovitis of the bilateral shoulders, rule out derangement, thoracalgia, thoracic muscle spasms, and probable post-traumatic gastritis. According to the progress report dated 4/21/2015, the injured worker complains pain in the neck (6/10), bilateral shoulders (7/10), upper back (5/10), mid back (5/10), and low back (6/10). The current medications are Meloxicam, Hydrocodone, Tizanidine, Fluoxetine, Alprazolam, Sucralfate, Methacarbonal, and compound creams. A urine drug screen from 4/16/2015 was consistent with prescribed medications. Treatment to date has included medication management, and MRI studies. The plan of care includes prescriptions for Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg/hr patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 26-27, 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids, criteria for use Page(s): 26-27; 76-79.

Decision rationale: The request is for buprenorphine, an opioid agonist/antagonist used for the 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. In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. 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 anti-hyperalgesic effect. Buprenorphine is FDA approved for treatment of opiate agonist dependence. When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Long-term use of opioids for chronic pain require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). Within the documentation provided for review, there is no notation of utilizing butrans for treatment of opiate dependence after a successful weaning program. There is also no clear documentation to support the long-term use of butrans for chronic pain, nor have the MTUS criteria for use requirements been met. The request as written is not supported by the MTUS guidelines and therefore is not medically necessary.