

Case Number:	CM15-0165892		
Date Assigned:	09/03/2015	Date of Injury:	12/12/2012
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 12-12-12. Initial complaints were not reviewed. The injured worker was diagnosed as having left shoulder impingement disorders of the bursa and tendon in shoulder region; sprains-strains rotator cuff capsule. Treatment to date has included status post left shoulder arthroscopy surgery (2-2013); physical therapy; medications. Currently, the PR-2 notes dated 7-21-15 indicated the injured worker reports no significant changes. He reports being placed on Bupremorphine patches by pain management for symptomatic relief. He reports however, he continues to require Tramadol for breakthrough pain. He is awaiting a secondary orthopedic opinion for possible repeat surgery on the left shoulder. Objective findings indicate the left shoulder motion is painful and restricted. There is tenderness on palpation at the anterior rotator cuff and the acromioclavicular joint area with limited range of motion in the left shoulder. There is no sensory or vascular deficit of the left upper extremity. The provider is requesting authorization of Butrans Patch 10mcg/hr 1 patch every 7 days as needed #4 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10mcg/hr 1 patch every 7 days as needed #4 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 53 year old patient complains of ongoing pain in the left shoulder that radiates to left side of the neck as well as the left arm, as per progress report dated 07/29/15. The request is for BUTRANS PATCH 10mcg/hr 1 PATCH EVERY 7 DAYS AS NEEDED #4 WITH 2 REFILLS. The RFA for this case is dated 07/29/15, and the patient's date of injury is 12/12/12. Diagnoses, as per progress report dated 07/29/15, included bilateral carpal tunnel syndrome (not accepted), status post shoulder surgery in February, 2013, and no recurrent tear of the supraspinatus tendon. Medications included Butrans patch, Norco and Trazodone. Diagnoses, as per progress report dated 07/21/15, included left shoulder impingement disorders of bursae and tendons in shoulder region, and rotator cuff strains/sprains. The patient has been allowed to return to modified work, as per progress report dated 07/29/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS Guidelines Buprenorphine Section, pages 26-27 has the following: Recommended. When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. 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. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. In general, the results of studies of medically assisted withdrawal using opioids (-e.g., methadone) have shown poor outcomes. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected. In this case, a prescription for Butrans patch was first noted in progress report dated 07/01/15. This appears to be the first prescription for the medication and the treater states that it was given to reduce the use of Norco. As per progress report dated 07/29/15, the patch helps reduce Norco consumption from 6 tablets to 2-3 tablets per day. MTUS supports the use of Buprenorphine for opioid dependence as it causes milder withdrawal syndrome. Nonetheless, in the same report, the

treater states "the Butrans patch helps reduce his pain, however, the patch stops working after a few days." UDS report reviewed during the visit was inconsistent. This is the second inconsistent UDS, as per the report. The treater does not document change in pain scale that demonstrates reduction of pain due to opioid use nor does the treater provide specific examples that indicate improvement in function due to the use of this medication in this patient. No CURES reports are available for review. There is no discussion regarding side effects as well. MTUS requires a clear documentation regarding impact of Butrans patch on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Given the lack of efficacy of this medication and absence of relevant documentation, the request is not medically necessary.