

Case Number:	CM15-0180828		
Date Assigned:	09/22/2015	Date of Injury:	09/19/2008
Decision Date:	10/26/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male who sustained an industrial injury on 9-19-08. A review of the medical records indicates he is undergoing treatment for cervical disc degeneration, cervical spondylosis without myelopathy, chronic daily headaches, a history of sleep apnea with complaints of chronic insomnia, anxiety and depression, and narcotic dependency. Medical records (12-19-14 to 6-17-15) indicate ongoing complaints of neck and upper thoracic pain, rating 5 out of 10. He describes the pain as "stabbing and burning". He also complains of numbness in his hands. The physical exam (6-17-15) reveals "adequate flexion and extension" of the cervical spine with "end range discomfort", decreased side bending and axial rotation and "diffuse tenderness to palpation cervical midline and paraspinals". He also has tenderness to palpation of the upper thoracic spine midline. Diagnostic studies are not included in the provided records. Treatment has included oral medications and daily exercise, as well as activity modification. His medications include Cymbalta 60mg once daily, Butrans 20mcg per hour, 1 patch daily, Docusate Sodium 250mg twice daily, Norco 10-325 four times daily as needed, Amitriptyline 50mg twice daily, and Lyrica 75 mg twice daily. He previously received Lidoderm patches and Klonopin. The records indicate that the "use of pain medication allows for improved function with completion of his most basic activities of daily living, rest, and short periods of travel". A urine drug screen was completed on 12-19-14, indicating positive results for Alprazolam, Amitriptyline, Clonazepam, and Hydrocodone-APAP. The utilization review (9-2-15) indicates a request for "Butrans 20mcg patch, #4, 1 patch every week". The injured worker has been receiving Butrans patches since, at least, 2-11-15. The UR indicates denial of

the requested treatment, citing that the injured worker "is using multiple other drugs for pain and overall has limited benefit with the multiple drugs being used. It is difficult to see specific gains from the use of Butrans".

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg patch #4: 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, Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2008 and continues to be treated for chronic neck pain. Medications are referenced as decreasing pain from 8-9/10 to 4-5/10 and allowing for completion of basic activities of daily living. When seen, his body mass index was over 32. There was poor posture and cervical, thoracic, trapezius, and scapular tenderness. Urine drug screening was performed. There were inconsistent results and quantitative testing was requested. Butrans and Norco were being prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, there is no history of detoxification from high-dose opioid use. It is not a first-line medication and there are other available sustained release opioid medications available. Butrans is not medically necessary.