

Case Number:	CM15-0192614		
Date Assigned:	10/06/2015	Date of Injury:	08/24/1992
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 71 year old male, who sustained an industrial injury on August 24, 1992. The injured worker was diagnosed as having displacement of the lumbar intervertebral disc without myelopathy, depressive disorder, and post lumbar laminectomy syndrome. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, functional restoration program, laboratory studies, and home exercise program. In a progress note dated June 26, 2015 the treating physician reports complaints of bilateral lower extremity radiculopathy with the left greater than the right with recent flare up of symptoms the week prior to visit, along with chronic insomnia secondary to night leg cramps. Examination performed on June 26, 2015 was revealing for an antalgic gait favoring the left. On June 26, 2015, the injured worker's current medication regimen included Lidoderm Patches, Naproxen, Opana ER, Oxycodone, and Trazodone since at least November of 2013. The injured worker's pain level on June 26, 2015 was rated an 8 of 10 with the recent flare up, but notes the pain to "usually" be at a 6 out of 10. The progress note on June 26, 2015 did not indicate the injured worker's pain level prior to the use of her medication regimen and after the use of her medication regimen to determine the effects of the injured worker's medication regimen. The treating physician noted that he injured worker was authorized for a five day outpatient detoxification program along with also noting that the injured worker's is on "significant doses of potent opioids but is highly motivated to discontinue". The treating physician indicated that the injured worker has attempted to wean down on his medications, but has been unsuccessful secondary to withdrawal symptoms, therefore was authorized for detoxification for Suboxone

(Buprenorphine) induction. On June 26, 2015, the treating physician requested the Butrans (Buprenorphine) patch 10mcg an hour with a quantity of 8. On August 21, 2015, the Utilization Review determined the request for Butrans patch 10mcg an hour with a quantity of 8 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg/hr #8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

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

Decision rationale: With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). 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 antihyperalgesic effect (partially due to the effect at the kappa-receptor)." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 10/6/15 it was noted that the injured worker was recently transitioned off Opana as well as Oxycodone and has been stable on Suboxone for several weeks with good success. It was noted that the injured worker remains motivated to continue on Suboxone and wants to continue working full time full duty. Suboxone has allowed him to continue working 7 days per week in order to provide for his family. This medication improves his symptoms and function by greater than 50%. Suboxone and Butrans are both buprenorphine. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Pain management agreement was signed 8/26/15, UDS dated 8/26/14 and CURES report was both consistent. I respectfully disagree with the UR physician's assertion that there was no documentation of functional improvement. The injured worker continues to work full time. The request is medically necessary.

