

Case Number:	CM15-0205590		
Date Assigned:	10/22/2015	Date of Injury:	08/21/2006
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 59 year old female who sustained an industrial injury on 08-21-2006. Medical records (09-23-2015) indicated the worker was treated for chronic pain in the neck, low back, left shoulder, upper and lower arm. In the provider notes of 09-23-2015, the injured worker is noted to have depression related to the pain levels. According to the worker, she is seeing a pain management physician who has her on natural herbs, turmeric and glucosamine, and are recommending core exercises and possible radiofrequency ablation for lumbar facet syndrome. The worker is noted to be apprehensive towards the facet ablation and would like to try the Butrans patches to see if they offer relief. Objectively, the worker continues to have pain in the lumbar spine with extension. She has numbness and tingling to the bottom of the feet bilaterally towards the toes. Straight leg raise is negative. Past treatments have included physical therapy and acupuncture, a transcutaneous electrical nerve stimulation (TENS) unit, and oral medications. She has had a prescription for Butrans patches, which she did not have filled, and the prescription has expired. Treatment plan includes a trial of the Butrans patch, and massage therapy. A request for authorization was submitted for Butrans patch 5 mcg #4. A utilization review decision 10-09-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5 mcg #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): Opioids, criteria for use, Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section Buprenorphine.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. The MTUS Chronic Pain Treatment Guidelines state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, there was insufficient evidence to show Butrans patches were a first-line choice to treat her chronic pain. Regardless, there was insufficient baseline functional assessment described in order to be able to compare to after initiation of Butrans. Also, there was no evidence that other non-opioid medications were tried prior to suggesting this medication. Also, if the worker has a pain specialist, which there was evidence for and who first prescribed Butrans (not filled), then this physician should direct medications for pain, especially if opioids are to be prescribed. Therefore, based on these factors, this request for Butrans patches is not medically necessary at this time.