

<b>Case Number:</b>	CM15-0208115		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 51 year old female, who sustained an industrial injury on 5-10-10. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 9-8-15 indicated the injured worker presents for a follow-up and medication refill. She reports her medications are being denied. She complains of increased pain and states the pain is "too much." She complains of skin being sensitive and pain is stronger with the discomfort described as: sharp, aching, burning, shooting, moderate to severe, intense, continuous, and the pain varies with activity. The provider notes "on a scale of 0 to 10 being worst, she described the intensity of discomfort as being 7 without medications and 3-4 with medication. The symptoms become aggravated by change positions, lifting, pushing, carrying, reaching, cooking, cleaning, dressing, bathing, carrying groceries, repetitive motions, household chores and lifting children. It is reduced by taking medications, applying warm packs and mild exercise. A urine sample was collected for drug screening." She is diagnosed with reflex sympathetic dystrophy of the upper limb. His treatment plan is to refill medications including Butran patches 5% #30 and Tramadol 50mg #90. PR-2 notes dated 7-6-15 and 6-4-15 indicate the injured worker has been prescribed these medications as part of the provider's treatment plan. A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 10-2-15 and non-certification for Butran patches 5% #30 and Tramadol 50mg #90. A request for authorization has been received for Butran patches 5% #30 and Tramadol 50mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Butran patches 5% #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Butrans; FDA, Butrans.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section Buprenorphine.

**Decision rationale:** 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 reporting found in the documentations to show clear functional gains and measurable pain level reduction directly from Butrans patch use to fulfill the requirements to justify continuation. Also, there was multiple inconsistent urine drug test results seen regarding Buprenorphine. Therefore, this request for continued use of Butrans patches will be considered medically unnecessary at this time. Weaning may be indicated.

### **Tramadol 50mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of

opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence found in the documentation to show clear functional gains and pain reduction from tramadol use to help justify its continuation among the other opioids used. There was also, limited reporting of side effects. Therefore, this request for continuation of tramadol will be considered medically unnecessary until this information can be provided. Weaning may be indicated.