

Case Number:	CM15-0022958		
Date Assigned:	02/12/2015	Date of Injury:	06/12/2012
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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: Ohio, North Carolina, Virginia
 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 6/12/12. The diagnoses have included contusion of foot. Treatment to date has included conservative measures. Currently, the injured worker complains of low backache and left foot pain. Pain was rated 8/10 with medications and 10/10 without. Sleep quality was poor and no new problems or side effects were noted. She reported vomiting for the past month and was unable to hold any food down. She was seeing a psychiatrist for possible mental problems related to pain, medications, and vomiting. Current medications included Cymbalta, Celebrex, Celexa, Oxycodone, Tizanadine, and Motrin. Objective findings were not noted. Treatment plan included Butrans patch 5mcg/hr every 7 days. The PR2 report, dated 12/05/2014, noted that she appeared anxious, depresses, and in mild pain. Lumbar range of motion was restricted due to pain. On palpation, paravertebral muscles, spasm, tenderness, and tight muscle band were noted bilaterally. Lumbar facet loading was positive on both sides. Left foot range of motion was restricted, with painful movements. Tenderness was noted over the second and third metatarsal. Urine drug report, dated 12/05/2014, was inconsistent with prescribed medications. On 1/30/2015, Utilization Review non-certified a prescription request for Butrans patch 5mcg/hr #4 (one patch to skin every 7 days), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr patch 1 patch to skin every 7 days #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Buprenorphine is recommended for treatment of opiate addiction. This is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. 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). In this instance, the Butrans patch was ordered because the injured worker claimed to have vomiting for a month. As this appears to be the first long acting opioid given, a sufficient trial on opioids cannot yet be said to have occurred to consider treatment fully chronic. She had been taking short acting oxycodone twice daily. There was modest pain relief with that and functionality was said to be improved in very general terms only. Because this appears to be the first attempt at long acting opioid therapy (note dated 1-19-2015), Butrans 5mcg/hr patch 1 patch to skin every 7 days #4 was medically necessary.