

Case Number:	CM15-0210165		
Date Assigned:	10/29/2015	Date of Injury:	02/17/2007
Decision Date:	12/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/26/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial-work injury on 2-17-07. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar spinal fusion, lumbar disc herniation, lumbar facet arthrosis, component of neuropathic pain, and Major depression with psychotic episodes and suicide attempts in the past. Medical records dated (2-5-15 to 9-3-15) indicate that the injured worker complains of stabbing pain in the back that shoots down the left leg. The physician indicates that the radiofrequency ablation procedure did not give him any relief. He states that the medications are helpful and without them he cannot function. He reports 50 percent reduction in pain and functional improvement with activities of daily living (ADL) with taking medications versus not taking them at all. The pain is rated 8 out of 10 on the pain scale, at best a 4 out of 10 with medications and 10 out of 10 without medications. This has been unchanged. The physical exam dated (5-28-15 to 9-3-15) reveals limited range of motion in the lumbar region, there is sensory loss to light touch and pinprick in the left lateral calf and bottom of the foot, and there is 4 out of 5 weaknesses in the left thigh flexion and knee extension. Treatment to date has included pain medication, Norco, Omeprazole, Mobic, Elavil, Neurontin, Lorzone, Trazadone, Effexor, Clonazepam, Latuda, Zanaflex, Buprenorphine transdermal since at least 2-5-15, diagnostics, psyche care, lumbar fusion, physical therapy, The treating physician indicates that the urine drug testing has been consistent with the medications prescribed. The requested service included Buprenorphine transdermal 20mcg, #4 28 days. The original Utilization review dated 9-17-15 non-certified the request for Buprenorphine transdermal 20mcg, #4 28 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine transdermal 20mcg, #4 28 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications. Decision based on Non-MTUS Citation FDA (Food and Drug Administration) - www.drugs.com/pro/butrans-patch.html.

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

Decision rationale: The current request is for Buprenorphine transdermal 20MCG, #4 28 days. The RFA is dated 09/06/15. Treatment history include lumbar spinal fusion, physical therapy, medications, and psyche care. The patient has returned to work. MTUS Buprenorphine section, pages 26-27: Recommended for treatment of opiate addiction. Also 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). (Kress, 2008) (Heit, 2008) (Johnson, 2005) (Landau, 2007) MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 09/03/15, the patient presents with stabbing pain in the back that shoots down the left leg. The patient states that the medications are helpful and without them he cannot function. He reports 50 percent reduction in pain and functional improvement with activities of daily living with taking medications versus not taking them at all. The pain is rated 8 out of 10 on the pain scale, at best a 4 out of 10 with medications and 10 out of 10 without medications. The treating physician indicates that the urine drug testing has been consistent with the medications prescribed, and the patient "shows no signs of abusing the medication." The patient is currently work and with self modifications. In this case, the 4A's have been

addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement, including returning back to work. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.