

Case Number:	CM15-0212747		
Date Assigned:	11/03/2015	Date of Injury:	05/16/2013
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This injured worker is a 43 year old female who reported an industrial injury on 5-16-2013. Her diagnoses, and or impressions, were noted to include: lumbosacral spondylosis; lumbar disc displacement without myelopathy; pain in hand joint; lumbar spinal stenosis; and sciatica. No imaging studies were noted however, MRI of the lumbar spine was said to have been done on 10-2-2013; electrodiagnostic studies of the bilateral upper extremities were said to have been done on 11-15-2013, and lower extremities on 1-29-2015; and lumbar x-rays were said to have been done on 7-5-2013. Her treatments were noted to include: aqua therapy for her back - helpful; hand surgical consultation; physical therapy and an acupuncture evaluation for the hand; injection therapy for the hand; use of cane and-or scooter; medication management; and rest from work. The progress notes of 9-8-2015 reported: her request for refills of her current medications to hold her off until her follow-up visit on 9-14-2015; her current medications were noted to include: Butrans 7.5 mg-hour patch, to apply to skin every 7 days, increase to Butrans 7.5 mcg-hour for better pain relief; and Buprenorphine 0.1mg, sublingual troches, #30pc, 1 tablet under the tongue twice daily until Butrans patch is authorized for pain. The progress notes of 9-14-2015 reported: continued low back pain that radiated into the lower extremities; the development of right wrist pain secondary to de Quervain's tenosynovitis from using her straight cane; that she was a graduate of the functional restoration program; and that her Butrans patch reduced her pain from a 10 out of 10, to a 6-8 out of 10, allowing her to get out of bed and move around her home; and of anxiety with depression, hallucinations and suicidal thoughts. The objective findings were noted to include: no acute distress or exhibition of pain, anxiety,

tearfulness or suicidal ideations; tenderness in the first dorsal compartment of right thumb with a positive Finkelstein test; tenderness over the "APL" tendon; and that she had been approved for the Butrans patches for weaning purposes. The physician's requests for treatment were noted to include a prescription for Buprenorphine 0.1mg sublingual troches, #30 pc, 1 tablet under the tongue twice a day until Butrans patch is authorized for pain, #30. No Request for Authorization for Butrans 7.5 mcg patches, #4 with 2 refills, to a 1 x refill for weaning; and Buprenorphine 0.1 mg, sublingual troches, #60, however a 1 x refill was given for weaning. The Utilization Review of 10-13-2015 modified the request for: Butrans 7.5 mcg patches, #4 with 2 refills, to a 1 x refill for weaning; and Buprenorphine 0.1 mg, sublingual troches, #60, however a 1 x refill was given for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 7.5mcg patch #4 with 2 refills: 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): Buprenorphine. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in May 2013 when she had low back pain while transferring a patient. She had physical therapy and chiropractic care. She was seen for a surgical evaluation and surgery was not recommended. She completed participation in a functional restoration program. Prior opioid medications referenced are tramadol, which was discontinued due to side effects of nausea and dizziness. When seen, she had developed right wrist pain due to using a straight cane. She was having ongoing back pain radiating into the lower extremities. Medications include Butrans referenced as decreasing pain from 10/10 to 6-8/10 and allowing her to move around her home. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, there is no history of detoxification from high-dose opioid use. It is not a first-line medication and there are other available opioid medications available. Butrans is not considered medically necessary.

Buprenorphine 0.1mg sublingual troches #60: 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): Buprenorphine. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in May 2013 when she had low back pain while transferring a patient. She had physical therapy and chiropractic care. She was seen for a surgical evaluation and surgery was not recommended. She completed participation in a functional restoration program. Prior opioid medications referenced are tramadol, which was discontinued due to side effects of nausea and dizziness. When seen, she had developed right wrist pain due to using a straight cane. She was having ongoing back pain radiating into the lower extremities. Medications include Butrans referenced as decreasing pain from 10/10 to 6-8/10 and allowing her to move around her home. Buprenorphine is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, there is no history of detoxification from high-dose opioid use. It is not a first-line medication and there are other available opioid medications available. Buprenorphine is not considered medically necessary.