

Case Number:	CM15-0220183		
Date Assigned:	11/13/2015	Date of Injury:	03/24/2015
Decision Date:	12/29/2015	UR Denial Date:	10/31/2015
Priority:	Standard	Application Received:	11/09/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 45 year old male, who sustained an industrial injury on 3-24-15. The injured worker was diagnosed as having cervical musculoligamentous sprain-strain with bilateral upper extremity radiculitis; lumbar musculoligamentous sprain-strain with right lower extremity radiculitis; bilateral shoulder strain-impingement syndrome; healed laceration left index finger. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-12-15 indicated the injured worker complains of pain in the neck and low back and bilateral shoulders. The provider notes the "patient complains of moderate neck pain which he rates at 5 out of 10 on a pain scale associated with aching pain, numbness and weakness. He states that his pain is radiating. In addition, he needs to schedule a MRI scan of the cervical spine. He complains of moderate to severe low back pain which he rates at 6-7 out of 10 on a pain scale. He associates the pain is aching, sharp, piercing throbbing, pounding pain with numbness and weakness. He states his pain radiates and is aggravated by prolonged and heavier activities. He reports the Butrans patch is not yet helping. His condition remains the same since his last visit. He also complains of moderate bilateral shoulder pain which he rates at 4 out of 10 associated with aching pain, throbbing-pounding pain and weakness. His condition remains the same since his last examination. He also needs to schedule a diagnostic ultrasound of the bilateral shoulders." The provider continues his documentation of the Butrans patch noting "The patient is currently using Butrans patch 5 milligrams transcutaneous for seven days. He rates his pain at 5- 8 out of 10 on a pain scale with medication and 5-8 out of 10 on a pain scale without medications, No relief yet." PR-2 notes dated 9-3-15 was the prior visit to 10-12-15. This note

describes "Butrans patch 5mg apply to chest wall for 7 days". The provider notes this was a change in medication. A Request for Authorization is dated 11-4-15. A Utilization Review letter is dated 10-31-15 and non-certification for 1 prescription of Butrans patch 10mg #4. A request for authorization has been received for 1 prescription of Butrans patch 10mg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Butrans patch 10mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Buprenorphine for chronic pain.

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 buprenorphine.

Decision rationale: Butrans is the medication buprenorphine. Buprenorphine is a partial opioid agonist. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. In this case there is no documentation to support that the patient is a member of the suggested populations. In addition there is documentation that the Butrans patch is not effective. The request is not medically necessary.