MAXIMUS Federal Services

Case Number:	CM15-0223981		
Date Assigned:	11/20/2015	Date of Injury:	07/18/1999
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/13/2015

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:

This injured worker is a 63 year old male who reported an industrial injury on 7-18-1999. His diagnoses, and or impressions, were noted to include: lumbar degenerative disc disease with severe disc collapse; degenerative scoliosis; multi-level disc protrusions with lumbosacral canal and foraminal stenosis; lumbar facet arthropathy and radiculopathy; moderate-severe left shoulder impingement syndrome; and advanced post-traumatic degenerative joint disease of the left knee, post-left total knee replacement. MRI of the lumbar spine was done on 3-26-2015, noting 9 abnormal findings; and x-rays of the lumbar spine were done on 3-4-2015, noting multi-level disc degenerative disc disease with severe disc collapse throughout the entire lumbar spine. His treatments were noted to include: medication management with toxicology studies (7-23-15); and classified as permanent and stationary receiving treatment under provisions for future medical care. The pain management progress notes of 6-16-2015 reported: a pain management consultation for medication management for constant, radiating low back pain, rated 8-9 out of 10, which would increase without any inciting event, and with weight-bearing and lying flat, and causing difficulty with sleep; the denial of actual pain in the lower extremities but reported abnormal sensation of ants crawling and tightness in his bilateral legs; the development of left foot drop in the previous year which occasionally resulting in tripping-falling, and resulting in the use of a single point cane; constant bilateral knee pain; and that he had never used a pain patch. The objective findings were noted to include: obesity; no acute distress; a left antalgic gait with use of cane; tenderness and guarding in the lumbar para-spinal musculature with decreased range-of-motion due to pain; the review of the 3-26-15 MRI of the lumbar spine which showed

multi-level neural foraminal compromise for significant nerve root impingement, and need for electrodiagnostic studies; and that it was too premature to consider tapering him off his narcotic medication, but that a long-acting pain control agent, rather than continuing with short-acting, would be introduced to help control his pain around-the-clock. The physician's requests for treatments were noted to include managing his medications to include topical, psychotropic and or pain medications, with a signed agreement. The Utilization Review of 10-14-2015 non-certified the request for Butrans Patches 10 mcg-hour, #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr #4 patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Buprenorphine.

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. 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 no recent record which suggested this worker was using Butrans as it was not listed in the most recent note provided for review (7/23/15). If this is a new request, there also was no recent history and physical and discussion of goals associated with this addition to warrant this request. Therefore, Butrans will be considered medically unnecessary until this can be provided for review. The request is not medically necessary.