

Case Number:	CM15-0046588		
Date Assigned:	03/18/2015	Date of Injury:	02/11/2008
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/11/2015

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(n) 65 year old male, who sustained an industrial injury on 2/11/08. He reported pain in the left shoulder related to a fall. The injured worker was diagnosed as having cervical strain, shoulder pain and spasm of muscle. Treatment to date has included physical therapy, cervical x-ray, oral and topical pain medications. As of the PR2 dated 2/19/15, the injured worker reports pain in the neck and left shoulder. The treating physician noted a positive Hawkins test in the left shoulder and restricted range of motion in the cervical spine. The treating physician requested to continue Butrans patches 10mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Butrans Patches 10mcg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition, Pain Chapter, Buprenorphine for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines buprenorphine CRITERIA FOR USE OF OPIOIDS Page(s): 26-27, 76-78, 88-89.

Decision rationale: The patient was injured on 02/11/2008 and presents with neck pain and left shoulder pain. The request is for 4 BUTRANS PATCH 10 mcg. The utilization review denial letter states that "Although buprenorphine may be considered as an option for treatment of chronic pain, it is recommended only in selected patients particularly those who have previously been detoxified from high-dose opiates. Furthermore, Butrans has been FDA approved for moderate to severe chronic pain. The patient reportedly had severe pain but he endorse a pain rating of only 3/10 without medication use. With the above issues, the medical necessity of this request is not substantiated." There is no RFA provided and the patient is currently not working. For chronic opiate use in general, MTUS Guideline pages 88 and 89 state, "The patient should be assessed at each visit and functioning should be measured at 6-month intervals using the numerical scale or validated instruction." MTUS page 78 also requires documentation of the 4 A's (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. For buprenorphine, MTUS page 26-27 specifically recommends it for treatment for opiate addiction and also for chronic pain. The patient has been using Butrans patch as early as 10/09/2014. On 10/09/2014, the patient rates his pain as a 1/10 with medications and a 2/10 without medications. He has no new problems or side effects. "Activity level has remained the same. The patient is taking his medications as prescribed. He states that medications are working well." On 01/22/2015, the patient continues to rate his pain as a 2/10 without medications. "With medications, the patient is able to increase his activity, do daily exercises, and clean at home. He is able to do his grocery shopping on his own with the use of medication. Otherwise, without pain medication, the patient is not able to clean as much and is essentially bed bound." The 05/22/2014 urine drug screen revealed that the patient was consistent with his prescribed medications. The 02/19/2015 report indicates that the patient rates his pain as a 1/10 with medications and a 3/10 without medications. He has no new problems or side effects. "He states that medications are working well. The patient reports pain level is severe without medications. He reports pain level 3/10 and tolerable. With the use of medication, he reports pain level tolerated well. We will continue patch as this is indicated for control of moderate to severe pain. He denies any SE with use currently. With medications, the patient is able to increase his activity, do daily exercises, and clean at home. He is able to do his grocery shopping on his own with the use of medication." Review of the reports indicates that the treater provides pain scales, ADLs, and a discussion regarding side effects/aberrant behavior as required by MTUS Guidelines. In this case, the patient presents with chronic pain. The treater has provided has all 4 As and the patient is consistent with his prescribed medications. Therefore, the requested Butrans patch is medically necessary.