

Case Number:	CM15-0087035		
Date Assigned:	05/11/2015	Date of Injury:	10/01/2011
Decision Date:	06/10/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 10/01/2011. He has reported subsequent left shoulder, neck, left sided low back and left hip pain and was diagnosed with left shoulder tendinitis with small partial rotator cuff tear, non-displaced fracture to the anterior arch of C1, bilateral foraminal stenosis at L5-S1 greater on the left side with posterior bulging disc at L5-S1 and moderate osteoarthritis of the left hip. Treatment to date has included oral and topical pain medication, chiropractic therapy and TENS unit. In a progress note dated 04/09/2015, the injured worker complained of ongoing neck, back and shoulder pain. Objective findings were notable for increased tenderness of the left shoulder with significant decreased range of motion, crepitus and range of motion time as well as tenderness of the lumbar and cervical paraspinal muscles. A request for authorization of Butrans patch was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 26-27, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine AND Opioids Page(s): 26-27, 78-96. Decision based on Non-MTUS Citation ODG, Pain section Buprenorphine.

Decision rationale: 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, he was recommended and taking Butrans patch due to a history of abnormal urine drug testing with use of other opioids, reportedly. However, the records provided did not show clearly the functional gain and measurable pain level reduction attributable to the ongoing Butrans use, which is required in order to help justify its continuation. Therefore, without enough supportive evidence of benefit, the Butrans patch is not medically necessary at this time.