MAXIMUS Federal Services

Case Number:	CM15-0089288		
Date Assigned:	05/13/2015	Date of Injury:	04/01/2010
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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 38 year old male who sustained an industrial injury on 04/01/2010. Mechanism of injury occurred when he was taking a tile display down for a customer. Diagnoses include chronic pain syndrome, history of inguinal hernia repair, history of triple neurectomy surgery, rule out neuropathic pain, depression, and rule out sympathetically maintained pain. Treatment to date has included diagnostic studies, medications, and multiple right inguinal hernia repairs. A physician progress note dated 03/25/2015 documents the injured worker presents with right groin pain. He describes a history of chronic neuropathic and nociceptive pain, status post inguinal repair, infections, orchiectomy, and triple neurectomy. His pain is severe and rates it as 5-10 out of 10, and is constant. He has associated increase in back and hip pain. Examination of the spine, ribs, and pelvis revealed restricted movement in all directions. There is tenderness to palpation along the surgical site and right groin. He has an antalgic gait. It is documented the injured worker had an ultrasound of the right S1 joint and hip in the office and it revealed no evidence of sacroiliitis or trochanteric bursitis, according to the physician note. A Magnetic Resonance Imaging of the pelvis done on 06/26/2014 revealed a deformity or bulge of the superficial border of the transversus abdominis muscle at its most inferior aspect, possible representing a focal myofascial herniation. This finding is seen adjacent to the anterior superior iliac spine, near the externally placed marker. The treatment plan includes Nucynta for breakthrough pain, Pain Psychology Consult and testing, and to consider a lumbar sympathetic block. Treatment requested is for Butrans patch 10 mcg/hr applies one patch every seven days, #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10 mcg/br apply one patch every seven days, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 75, 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain buprenorphine.

Decision rationale: 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 the patient has been taking Butrans since at least September 2014. In addition to the Butrans, the patient is prescribed Opana maximum-daily dose (MDD) 15 mg, Norco 10/325 mg- MDD 40 mg, Morphine sulfate IR - MDD 45 mg, and methadone - MDD 10 mg. Prescription of multiple opioids is duplication of opioid therapy. In addition the total daily morphine equivalents exceeds the recommended maximum of 120 mg. The request should is not medically necessary.