

Case Number:	CM14-0139976		
Date Assigned:	09/08/2014	Date of Injury:	07/23/2012
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 41-year-old male with a date of injury of 7/23/2012. The patient sustained injuries to the head, nose, teeth and lumbar spine from falling off a [REDACTED] wheel tractor. The patient was most recently seen on 6/23/2014 by a pain management specialist with complaints of a 9/10 low back pain radiating down both lower extremities. It was noted that the patient's activity level had decreased and current medications were not effective. Exam findings revealed restricted lumbar motion and tenderness, positive facet loading, positive FABERE test, a positive straight leg raise on the left, and no neurological deficits. The treatment plan included the initiation of Butrans patch 5mcg/hr every 7 days with a gradual decrease in Norco 10/325mg TID, in addition to a lumbar radiofrequency ablation. Documents noted that the use of combined opiate and APAP in the past seemed to increase the patient's activity level and was not associated with adverse effects. The patient's diagnoses included lumbar radiculitis, lumbar spondylosis and facet arthropathy without myelopathy, post-laminectomy syndrome of the lumbar spine, and lumbar disc degeneration. The patient had pre-existing lumbar conditions status post prior lumbar surgery. Additional documents noted that the patient's medications included Butrans, hydrocodone/APAP, ibuprofen, and orphenadrine. The patient was managed by a pain management specialist, neurosurgeon, and primary physician. Documents noted that the patient remained symptomatic, functionally impaired, and dependent on chronic opioids. There was no documentation of a pain medication contract or urine drug screen. Treatment to date: medications, pain management, epidural steroid injections, and lumbar radiofrequency neurolysis. An adverse determination was received on 8/20/2014 due to a lack of documentation of a diagnosis of opioid addiction or opioid detoxification of much larger doses of opioid medication, a recent urine drug screen, a pain contract, in addition to a lack of evidence of functional benefit from the chronic opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr Days 28 #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. The pain management progress note dated 6/23/2014 stated that the patient was started on Butrans patch 5mcg/hr every 7 days for severe low back pain. The documents indicated that prior to initiating Butrans, the patient had remained symptomatic while on hydrocodone/APAP, ibuprofen, and orphenadrine. Based on the available progress notes, it is unclear what the rationale was for initiating Butrans patches, i.e. history of opioid addiction. Furthermore, there is no progress note indicating the patient's pain level, functional ability, or physical exam while on Butrans patches. In addition to the lack of evidence of a subjective decrease in pain (i.e. decrease in VAS), or any evidence of significant functional gains, there is no evidence of a recent urine drug screen or a recent CURES reports. Therefore, the request for Butrans 5mcg/hr, days 28 #4, was not medically necessary.