MAXIMUS Federal Services

Case Number:	CM14-0144392		
Date Assigned:	09/12/2014	Date of Injury:	07/23/2011
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The injured worker is a 29 year old female with a work injury dated 7/28/11. The diagnoses include status post lumbar fusion with degenerative disc disease. Under consideration is a request for Butrans 15 mcg/hour patch applied every 7 days for around the clock. There is a primary treating physician report dated 5/6/14, who states that the patient underwent a two-level lumbar fusion from L4 to S1 on 04/21/14. Overall, she is doing fair as her biggest issue is lack of sleep. She is taking Ambien at bedtime, Flexeril, and a Norco. She was switched from Percocet to Norco as it is making her nauseous. She denies any significant leg discomfort, also in her buttocks and back. She denies any fevers, chills, or headaches at this time although did have a headache yesterday, resolved with Naproxen. Her medications include Valium, Norco, Flexeril, Percocet, and Prednisone. On examination the patient sits in an office chair. She is alert and oriented times three. She has a posterior incision wound, which is well healing without dehiscence, erythema, or signs of infection. She is very tender to- palpation over the sacroiliac joints. The treatment plan included Valium 5 mg at bedtime. She will stop taking the Flexeril and Ambien bedtime as well. She should continue to avoid bending, lifting, and twisting maneuvers, carrying no more than approximately 5-8 pounds. She will continue wearing the lumbar brace anytime she is ambulatory or sitting in non-supportive chairs. An 8/4/14 document states that she tried Butrans patch, although it caused significant nausea and she cannot tolerate it. She has completed roughly half of her physical therapy sessions. She states she has another eight left. It does seem to be improving somewhat she states.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15 mcg/hour patch applied every 7 days for around the clock: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines When to Discontinue Opioids and when to continue opioids Page(s): page 79, page 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Buprenorphine for chronic pain Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.20. Medical Treatment Utilization Schedule-Definitions page 1 definition of functional improvement

Decision rationale: Butrans 15 mcg/hour patch applied every 7 days for around the clock is not medically necessary per the MTUS and Official Disability Guidelines (ODG). Butrans contains buprenorphine, an opioid agonist. The MTUS does not specifically address Butrans patches but does define functional improvement and when to discontinue opioids. The guidelines recommending continuing opioids when the patient has returned to work and has improvement in pain and function. The ODG states that Butrans patch is 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. The documentation does not indicate that the patient is at high risk of non-adherence with standard opioid maintenance. The documentation does not indicate that she has been previously detoxified from other high dose opioids. The guidelines do not recommend Butrans as a first line option and the documentation is not clear on why this is medically necessary. Therefore, the request is not medically necessary.