

Case Number:	CM14-0146550		
Date Assigned:	09/12/2014	Date of Injury:	09/19/2013
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker fell at work on September 19, 2013, resulting in right shin, knee, hip, shoulder, elbow, wrist, thumb and lumbar spine injuries. She received injections with significant short-term benefit. She had right thumb surgery on April 30, 2014. An examination at physician visit on August 15, 2014 indicated potential disc injury, trochanteric bursitis, knee meniscal tear, subpatellar chondromalacia, ankle instability, shoulder RCT, focal entrapment neuropathy all right sided. She had scarring of the right shin with topical allodynia and neuropathy thickened coarse skin. The visit note of August 15, 2014 stated that she has had no treatment for her shoulder, shin, and knee other than diagnostic imaging. Fetzima 50mg every day and Butrans patch 5 mcg/h, #4 was included in the plan of care. At a previous physician visit, on June 3, 2014 it was reported that the patient's current medications included Norco 325 mg 7.5 mg tablet one by mouth every 4-6 hours, tramadol 50 mg tablet 1 oral every 6-8 hours and Ultram 50 mg tablet 2 tablets by mouth 3 times a day in addition to other medications. The diagnoses on that visit date included enthesopathy hip region and sprain/strain lumbar region. A visit note on April 22, 2014 also listed tramadol as a current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 5 mcg/hour # 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES

GUIDELINES (ODG) PAIN CHAPTER, FOOD AND DRUG ADMINISTRATION (FDA)
(BULTRANS) BUPRENORPHINE

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27 and 74-84.

Decision rationale: Butrans patch, a form of buprenorphine, is an opioid recommended for treatment of opiate addiction and also recommended as an option for chronic pain. As such, the guidelines for treatment of chronic pain with opioids apply. Although the Butrans patch may not have been prescribed previously, other opiates had, therefore the documentation should reflect the ongoing management of chronic pain with opiates. According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Butrans patch. Therefore, this request is not medically necessary.