

Case Number:	CM14-0177761		
Date Assigned:	10/31/2014	Date of Injury:	07/06/2011
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 31-year-old male presenting with a work-related injury on July 7, 2011. The patient was diagnosed with low back pain. On September 26, 2014, the patient medication included Neurontin 600 mg TID and Norco 7.5/325 mg TID. The patient reported that the pain is unchanged. The pain is described as constant, sharp, throbbing, pins and needles, bending and lifting. The pain level is at a 4/10. The physical exam showed pain on range of motion testing, lumbar spine tenderness to palpation with lumbar paraspinal muscles and restricted range of motion. The patient was diagnosed with lumbar sprain, lumbago, or degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, unspecified, displacement of lumbar intervertebral disc without myelopathy, spasm of muscle - myalgia and myositis, lumbosacral spondylitis without myelopathy. A claim was made for Butrans patch 20g number four count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 20 mcg, four count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, Treatment Consideration

Decision rationale: Butrans patches 20 mcg, four count is not medically necessary. According to the chronic pain medical treatment guideline and the official disability guidelines. Buprenorphine is recommended for treatment of opioid addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of addiction. The schedule III controlled substance, buprenorphine is a partial agonist at the mu - receptor and an antagonist at the Kappa receptor. In recent years, the buprenorphine has been introduced in most European country as the transdermal formulation (patch) for the treatment of chronic pain. Proposed advantages in terms of pain control including the following: 1. No analgesic ceiling; 2. A good safety profile; 3. Decreased abuse potential; 4. Ability to suppress the control; 5. An apparent anti-hyperalgesic effect (partially due to the fact that the Kappa receptor). There is lack of documentation in the medical records that the patient has a history of opioid addiction. The patient does not meet criteria for guidelines set by MTUS and the ODG; therefore, the requested medication is not medically necessary.