

Case Number:	CM14-0096214		
Date Assigned:	09/15/2014	Date of Injury:	10/14/2011
Decision Date:	10/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 52-year-old female who sustained a work related injury on 10/14/2011 as a result of handling files in a file room. The patient developed chronic neck and arm pain. Per the comprehensive pain management consultation dated 04/29/2014 the patient complains of 7/10 neck pain with radiation into the right shoulder/arm. The pain is constant with associated numb, sharp, shooting, throbbing, tightness, and tingling and weakness characterization. Driving, lying down, overhead arm activities and working aggravate her discomfort. Her pain is alleviated with medication. On exam, she has tenderness to palpation over the right upper cervical facets, left upper and right / left mid cervical facets and right trapezius pain. She also has pain generation upon cervical range of motion, which is measurably decreased. Neurologically no deficits documented with symmetric +1 reflex at the biceps, triceps and brachioradialis tendons. Her goal is to decrease medications, decrease pain and increase physical activities. Management plan included discontinuance of Meloxicam 7.5mg, Naproxen 500mg, with initiation of Cymbalta 30mg (#7), Cymbalta 60 mg (#30) and Neurontin 600 mg. Request for Butrans 5cmg / hour for treatment. Past treatment includes Acupuncture (which provided 70% pain relief), physical therapy (which increased her pain), Epidural Steroid Injections and medications (Tramadol). Her medication regiment includes Ondansetron, Q-Pap, Omeprazole, Pantoprazole Sodium and Diazepam. In dispute is a decision for Pharmacy purchase of Butrans 5cmg/hour #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Butrans 5cmg/hour #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines , Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTION AND TREATMENTS Page(s): 26-27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/pro/butrans-patch.html>

Decision rationale: Butrans (Buprenorphine): This medication is indicated for the treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone): When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use because of the risks of addiction, abuse and misuse with opioids, even at recommended doses, and because of the greater risk of overdose and death with extended-release opioid formulations, reserve Butrans for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. Butrans is not indicated as an as-needed (prn) analgesic. Its prescribing is reserved only by healthcare professionals who are knowledgeable in the use of potent opioids for the management of chronic pain. According to the most recent progress reports / medical documentation, the patient is narcotic naive. The medication is not intended for a patient who has not been on narcotic medications previously. Therefore, the request for pharmacy purchase of Butrans 5mg/hour #4 is not medically necessary and appropriate.