

Case Number:	CM15-0113470		
Date Assigned:	06/19/2015	Date of Injury:	01/28/2011
Decision Date:	07/20/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 an industrial injury on January 28, 2011. The injured worker reported slip and fall injuring her back, shoulder and buttocks. The injured worker was diagnosed as having adhesive capsulitis of shoulder rotator cuff syndrome, lumbago, low back pain and lumbar and neck pain. Treatment to date has included cognitive therapy and medication. A progress note dated May 22, 2015 provides the injured worker complains of back and hip pain. She continues to feel depressed. Physical exam notes antalgic gait and use of a cane. There is occipital tenderness and cervical tenderness with triggering and decreased range of motion (ROM) and spasms. There is shoulder tenderness with spasm and decreased range of motion (ROM). There is thoracic, lumbar and sacroiliac tenderness and decreased range of motion (ROM). The plan includes Butrans, Brintellix and Bisacodyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20ug/hr #4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Butrans.

Decision rationale: MTUS states that Suboxone, which is a brand name of the drug known as buprenorphine, is "recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." ODG states "Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence." The ODG states that Suboxone is "recommended as 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. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." The employee is using this medication for chronic pain. The treating physician has provided documentation of neuropathic pain and failure of many first line treatments. The treating physician documents a 50% reduction in pain as well as a 50% increase in activities of daily living with the use of this medication. As such, the request for Butrans 20ug/hr #4, is medically necessary.