

Case Number:	CM15-0119631		
Date Assigned:	06/30/2015	Date of Injury:	03/23/2005
Decision Date:	07/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Internal 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 65 year old male, who sustained an industrial injury on March 23, 2005. The injured worker was diagnosed as having chronic pain syndrome, degenerative thoracic, lumbar and lumbosacral intervertebral disc, lumbar spinal stenosis and lumbago. Treatment to date has included medication. A progress note dated April 8, 2015 provides the injured worker complains of low back pain. Physical exam notes lumbar tenderness on palpation with painful decreased range of motion (ROM). A note from the MD from 5/18/15 states that the medicines facilitate his ADL's, and maintain pain control without side effects or complications. He also states that the patient has been compliant and is monitored with routine history and physical and drug screens. The plan includes Butrans patch, Zanaflex and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20mcg/Hr #6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain section Page(s): 25, 26, 27, and 75.

Decision rationale: Suboxone or Buprenorphine is a partial agonist antagonist which stimulates the analgesic portion of the opioid receptor while blocking or having little or no effect on toxicity and has a lower abuse potential than the opioids that are pure agonists. It is a partial agonist at mu-receptor and antagonist at the kappa receptor. In Europe it has a transdermal formulation to treat chronic pain. Hallucinations and dysphoria can be caused. It is a recommended treatment of opioid addiction and an option in treating chronic pain, especially after detoxification of a patient with a history of opioid addiction. The advantages this drug has for treating chronic pain are: 1- no analgesic ceiling, 2-good safety profile, especially in regards to respiratory depression, 3-low abuse potential, 4-ability to supervise opioid withdrawal, and 5- its antihyperalgesic effect. Suboxone is the recommended treatment for opioid addiction because of its unique pharmacological and safety profile. It encourages treatment adherence and reduces the possibility of overdose and abuse. It is as effective as Methadone in opioid maintenance treatment. However, few studies have been reported in its efficacy in completely withdrawing patients from opioids. In the above chronic pain patient we note that he is compliant and tolerates his Buprenorphine or Buprenorphine medicine. He is able to manage ADL's with this medicine and function. Buprenorphine may be the best narcotic to administer for chronic pain because of the above noted facts. The UR decision is reversed.