

Case Number:	CM15-0037121		
Date Assigned:	03/05/2015	Date of Injury:	09/14/1990
Decision Date:	06/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/27/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 9/14/90. He has reported pain in the left leg, knee and lower back related to a fall. The diagnoses have included lumbago, chronic pain due to trauma and joint pain in thigh. Treatment to date has included TENs unit, physical therapy and pain medications. As of the PR2 dated 1/15/15, the injured worker reports continued sharp pain in the left knee and lower back with prolonged sitting, standing or walking. The treating physician noted palpable tenderness over the ileolumbar area and peri-patellar tenderness on the left with no effusion. The treating physician requested Butrans #4. On 2/20/15 Utilization Review non-certified a request for Butrans #4. On 2/25/15, the injured worker submitted an application for IMR for review of Butrans #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Butrans #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

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), Buprenorphine for chronic pain.

Decision rationale: The MTUS notes that Butrans patches (Buprenorphine) are recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, Buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor). When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) 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. The ODG guidelines recommend Buprenorphine 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 injured worker clearly has chronic pain that does require ongoing use of pain medication. There is no documentation of opioid addiction or detoxification, or failure of first-line medications. The records are somewhat deficient in documentation of decreased pain and objective evidence of functional improvement. There is no mention in the medical records of excessive use of opioid medications or any attempt to wean from pain medication. There is no hyperalgesic component to pain, centrally mediated pain, neuropathic pain, or documentation of high-risk of non-adherence with standard opioid maintenance. The request for Butrans patch 5 mcg/hr #4 is not consistent with the MTUS and ODG guidelines and is not medically necessary.