

Case Number:	CM15-0095651		
Date Assigned:	05/22/2015	Date of Injury:	03/06/1995
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 68-year-old female who reported an industrial injury on 3/6/1995. Her diagnoses, and/or impressions, are noted to include: lumbar facet arthropathy and arachnoiditis with clumping of the lumbar nerve roots; failed back surgery (1995); lumbar radiculopathy of lower extremities from possible arachnoiditis; post-surgical neurogenic bladder/overactive bladder with urinary frequency and incontinence; schizophrenia with manic disorder. A recent magnetic imaging study of the lumbar spine was noted to have been done on 1/20/2015, noting changes of arachnoiditis and significant central stenosis, necessitating medical treatment first. Her history notes surgery in 1995 that went wrong, arachnoiditis from scar tissue; and urinary urgency with frequency and the inability to hold urine resulting in incontinence. Her treatments have included surgery (1995); medication management; psychiatric treatment on 5 psychotropic medications; diagnostic testing; and rest from work. The progress notes of 4/28/2015 reported continued and un-improved pain of the back and buttocks area, status-post diagnostic sacroiliac joint injection on 4/20/2015. The objective findings were noted to include uncontrolled tremors of the hands; positive straight left leg raise, and pain with axial loading and hyperextension of the back. The physician's requests for treatments were noted to include continuation of her Butrans Patches. A letter dated May 27, 2015 indicates that the Butrans patch causes blisters and a rash by the 7th day. Therefore, the patient removes the patch after 5 days and changes the location of the patch. The letter states that the patient is more functional with the medication, able to do laundry, do more in the kitchen, and get out of bed more easily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20mcg #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127. Decision based on Non-MTUS Citation <https://www.butrans.com/hcpportal/f?p=BUTRANSRX:HOME:0>.

Decision rationale: Regarding the request for Butrans (buprenorphine), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects (other than rash and blisters), and no discussion regarding aberrant use. Additionally, it is unclear that other efforts have been made to reduce the patient's blisters and rash such as counseling the patient regarding appropriate use of this medication including making sure that there is no soap, lotion, or perfume on the skin prior to the patch being placed, discussion regarding appropriate locations of patch placement, and discussion regarding patch rotation to ensure that the same location is not reused within 4 weeks (as advised in the FPI for this medication). As such, the currently requested Butrans (buprenorphine) is not medically necessary.