

# Clear Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/02/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Butrans Patch 10mcg

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for Butrans patch 10mcg is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** Patient is a male with a reported date of injury of xx/xx/xx. On 04/10/15, he was seen in clinic and pain was rated at 5/10 at least and 10/10 at worst. He was taking medications with Norco, Cymbalta, tramadol and doxepin and it was noted he was aware of an opiate contract in place. He reported neck pain at that time rated at 7/10. He stated the Percocet and Norco did not relieve much of his pain and he wanted to discuss a prescription change. He had stopped gabapentin due to side effects. Pain radiated from neck into his left shoulder with associated numbness and tingling and weakness in the left arm. Medication list included tramadol, Flexeril, doxepin, Butrans patch and the Medrol DosePak. He had allergies to morphine sulfate and Lyrica. On exam he had 5/5 strength in the upper extremities with the exception of left upper grip strength rated at 4/5. Sensation was stated to be intact. Urine drug screen was reviewed showing the patient positive for opiates and morphine and negative for all the drugs tested. It was noted the Butrans had not been certified and Norco was refilled.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 03/13/15, an adverse determination letter was submitted for the requested medication Butrans 10mcg/hour patch #4 for 28 days. The recommendation was for non-certification of this request as there was no submitted or available clinical records and no information regarding the rationale for the medication. It was further noted that the notation on the letter of medical necessity dated 03/09/15 of "99 months or longer" negated the notation on the same letter that the medication was "being used as titration from hydrocodone." It was recommended that clarification of these issues as to the rationale for Butrans, and the request was non-certified. On 05/14/15, an appeal reconsideration for Butrans patch 10mcg noted the request was non-certified.

The submitted records indicate the patient was seen on 04/10/15 and pain was rated at 5/10 at worst and currently was rated at 7/10. Medications at that time included tramadol and the

Butrans patch. Butrans patch is also known as buprenorphine. It may be recommended for selected patients who have previously been detoxified from other high dose opiates and who have a hyperalgesic component to pain or centrally mediated pain or neuropathic pain or if the patient is at high risk of non-adherence with standard opiate maintenance. There is also a risk for potential for buprenorphine to precipitate withdrawal in opiate experienced patients such as this. The drug screen at that time was noted to confirm the presence of opiates and morphine. The 03/06/15 letter of medical necessity states this is being used as a titration from hydrocodone and it was noted the specific period of time requested for treatment was 99 months or longer. This has not been clarified. The patient was still on opiates per the records and per the drug screen and the records do not therefore document the patient had been detoxified. Therefore rationale for this drug at this time has not been documented. It the opinion of this reviewer that the request for Butrans patch 10mcg is not medically necessary and the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)