

<b>Case Number:</b>	CM13-0001322		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/20/2000
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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/services.

### 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 patient is a 67-year-old male who reported an injury on 11/20/2000. The mechanism of injury was not provided in the medical records. His diagnoses are noted as low back pain and lumbar intervertebral disc displacement. The patient has been noted to be using Butrans 20 mcg/hour patches every 7 days, as well as Vicodin 5/500 mg, one pill twice a day, Lyrica 75 mg twice a day, Ambien CR 12.5 mg at night as needed, Lodine 300 mg 2 to 3 a day, Senna 1 to 2 twice a day, and omeprazole 20 mg. According to the patient's medical records, he was started on Butrans on 08/23/2012 after reporting that Opana caused nausea and vomiting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Butrans 20mcg per one (1) hour transdermal patch #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Opioids, Criteria for use, on-going management Page(s): 26-27 and 78.

**Decision rationale:** The Chronic Pain Guidelines indicate that buprenorphine is recommended for the treatment of opiate addiction, or as an option for chronic pain, usually after detoxification in patients who have a history of opiate addiction. Additionally, the guidelines indicate that for

patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects and the 4A's for ongoing monitoring is required. The documentation submitted for review failed to indicate whether the patient had a history of opiate addiction or other indication for the use of Butrans. Additionally, the detailed documentation regarding the patient's pain relief, side effects, functional status, and specifically for the 4A's for ongoing monitoring was not provided. With absence of this more detailed documentation, the request is not supported.

**One (1) urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances, pages 10 and 33

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, On-going management Page(s): 78.

**Decision rationale:** The Chronic Pain Guidelines indicate that the use of a drug screening may be recommended for patients on opioid medications, who have documented issues of abuse, addiction, or poor pain control. The clinical information submitted for review failed to indicate whether the patient has had a history of issues of abuse, addiction, or poor pain control. Furthermore, there was not a risk stratification tool provided to indicate whether the patient is at low, moderate, or high risk of abuse. In the absence of this documentation, the request is not supported.