

<b>Case Number:</b>	CM13-0045838		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56 year-old female who was injured on April 11, 2013. The diagnosis is noted as low back pain. Another report of injury indicates an April 2013 event resulting in a repetitive strain injury, trigger thumb on the right and a carpal tunnel syndrome on the right. A progress note reported a history of prior left upper extremity injuries and the current complaints are relative to the right extremity. Osteoarthritis of the carpometacarpal in the interphalangeal joint of the right thumb could not be excluded. Multiple follow-up evaluations of the distal extremity were completed. Electrodiagnostic testing noted carpal tunnel syndrome of the right extremity. Each follow-up assessment noted ongoing complaints of hand pain. The employee was continued on a full work status with periodic follow-up assessments outlined. The medication protocol included Gabapentin. Subsequent progress notes indicate the injured employee to be taking one and a half to two tablets of Norco "for history of post-polio syndrome." Occupational therapy is ongoing. No specific neurologic findings are reported. Imaging studies of the left elbow noted a lateral epicondylitis. A previous request for Butrans patch preparation was not certified in October, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS PATCH 5MCG/HR QTY 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Citation for Butrans (Buprenorphine): CA MTUS 9792.24.2, Title 8. Effective July 18, 2009 Page(s): 26.

**Decision rationale:** In accordance with CA MTUS Chronic Pain Medical Treatment Guidelines, California Code of Regulations, Title 8, Buprenorphine; the records reflect that narcotic opioid medications are being taken for a comorbidity of Post Polio Syndrome. Furthermore, it is noted that the injured worker takes two tablets daily and there is no note addressing opioid addiction. At the level currently being taken, the Norco could be discontinued with a simple weaning protocol. There is no clinical information presented to support use of this type of medication, particularly in a topical form, and therefore not medically necessary.