

<b>Case Number:</b>	CM13-0047592		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/02/2000
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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. 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:

California MTUS Guidelines indicate that buprenorphine is recommended for patients with chronic pain. Clinical documentation submitted for review indicated that the patient had pain of a 9/10. The patient's pain complaints were noted to be more widespread. The physician opined that Butrans was safer because it was a sustained release. It was further indicated that if this medication was approved, the physician would go ahead and sign an appropriate pain contract. The patient was noted to have failed all other management or was not eligible for it. The request for Butrans would be supported; however, the request as submitted failed to indicate the strength or the quantity of the requested Butrans. Given the above, the request for unknown prescription of Butrans is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Butrans:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Buprenorphine Page(s): 26.

**Decision rationale:** California MTUS Guidelines indicate that buprenorphine is recommended for patients with chronic pain. Clinical documentation submitted for review indicated that the patient had pain of a 9/10. The patient's pain complaints were noted to be more widespread. The physician opined that Butrans was safer because it was a sustained release. It was further indicated that if this medication was approved, the physician would go ahead and sign an appropriate pain contract. The patient was noted to have failed all other management or was not eligible for it. The request for Butrans would be supported; however, the request as submitted failed to indicate the strength or the quantity of the requested Butrans. Given the above, the request for unknown prescription of Butrans is not medically necessary.