

<b>Case Number:</b>	CM13-0051797		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/28/2004
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 36-year-old male with a 4/28/04 date of injury. At the time (10/1/13) of request for authorization for Butrans 10 MCG, #4, there is documentation of subjective (occasional exacerbation of neck pain radiating to the left shoulder/upper arm with intermittent numbness and tingling that is managed with medications) and objective (altered/decreased sensation in the right fourth and fifth digits in the ulnar nerve distribution, tenderness and slight spasms of interscapular parathoracic muscles bilaterally, and paracervical muscle spasms and tenderness) findings, current diagnoses (cervical strain with left cervical radicular symptoms, thoracic and lumbar strain, and bilateral shoulder strain), and treatment to date (medications (including opioids and Butrans since at least 11/7/12 that has been very helpful, the patient has been able to do home exercises as well as activity of daily living without much difficulty, and has allowed the patient to remain functional)). There is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Butrans use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 10 MCG, #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical strain with left cervical radicular symptoms, thoracic and lumbar strain, and bilateral shoulder strain. In addition, there is documentation of ongoing treatment with opioids (including Norco) and Butrans. However, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). In addition, despite nonspecific documentation that the patient has been able to do home exercises as well as activity of daily living without much difficulty, and has allowed the patient to remain functional, there is no specific documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Butrans use to date. Therefore, based on guidelines and a review of the evidence, the request for Butrans 10 MCG, #4 is not medically necessary.