

<b>Case Number:</b>	CM13-0053518		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/16/2002
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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:

The patient is a 73-year-old female who injured her upper and lower back, hip and knee on 9/16/2002. The mechanism of injury was not provided. She has had multiple diagnoses; including chondromalacia patella, displacement of a lumbar disc, post laminectomy syndrome, and hip enthesopathy. She had chronic pain and Butrans had been requested. She also takes Norco. In the 9/17/2013 progress report, it was noted that the patient had last used the Butrans patch on 9/13/2013 with no benefit. She was also on Neurontin, which she reported caused her to feel dizzy. She continued to have leg pain and numbness. ██████████ recommended a spinal cord stimulator, she was pending psychiatric clearance. Examination of the lumbar spine noted moderate tenderness with muscle guarding, positive straight leg raise on the right along the L5-S1 nerve root, and range of motion was limited and painful. Diagnosis includes: Displacement of Thoracic-Lumbar Intervertebral Disc without Myelopathy; Degeneration of Thoracic or Lumbar Intervertebral Disc; Post Laminectomy Syndrome of Lumbar region; Thoracic or Lumbosacral Neuritis or Radiculitis (Unspecified). The treatment plan included a gym membership and a motorized wheelchair and continuation of her medications. At issue is the request for Butrans patch 10mcg #4 which was denied for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 10MCG, APPLY EVERY 7 DAYS, #4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26 to 27 of 127.

**Decision rationale:** With respect to Butrans patch, the guidelines recommend this medication for opiate addiction and detoxification. In addition, the transdermal patch is Food and Drug Administration approved for moderate to severe chronic pain when the patient needs continuous analgesia for an extended period of time. A satisfactory response is indicated by decreased pain, increased function, or improved quality of life. There was no evidence of addiction or failed trials of other first line drugs. The patient also noted the medication was not beneficial, and has stopped using the medication according to medical records reviewed. Therefore, medical necessity of the Butrans 10mcg #4 has not been clearly demonstrated