

<b>Case Number:</b>	CM13-0067357		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/13/2003
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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:

The patient is a 51-year-old female who was injured on 10/13/2003. The mechanism of injury is unknown. The patient injured her bilateral upper extremities and lower back in 2003. Per [REDACTED] report of 11/22/2013, the patient continues to have pain that is severe and interferes with her activities of daily living. [REDACTED] has opined that the patient has moderately severe impairment due to pain. This is a request for Butrans 5 mg patches, each patch to be changed every seven days. There are no additional records submitted for review and medications are unknown. Diagnostic studies were not submitted for review. PR-2 report dated 11/22/ documented the patient presents today for pharmacological re-evaluation. She continues to take no medication. The patient complains of bilateral wrists, neck, bilateral shoulders, and back pain that is sharp, stabbing, shooting, aching, burning, pins and needles, throbbing and deep. The severity of the pain is moderate. The patient states that although the feeling in the left hands has returned postoperatively, it cramps daily. Furthermore, the left hand thumb and index finger have some sharp pain specifically and no feelings at the fingertips of those two digits. The patient complains on the right hand in the ulnar aspect (palmar) of sharp pains. She complains of posterior shoulder girdle bilateral sharp and dull pains. She complains of difficulty rotating her head rightward and extension of the neck as well. She also complains of centralized right buttock aching and lying down flat worsens the pain. Objective findings on exam included review of systems: Cardiovascular; no hypertension or history of angina. Musculoskeletal; the patient gives no history of flaccidity, cogwheel deformity, spasticity, fasciculations or tardive dyskinesia. No history of connective tissue musculoskeletal disorders or congenital abnormalities of the musculoskeletal system. Neurological: history of migraine and chronic daily headaches. Psychiatric: This patient has no history of depression, anxiety disorders, suicidal ideation or psychosis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL BUTRANS 5MCG PATCHES QTY: 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
BUPRENORPHINE Page(s): 26-7.

**Decision rationale:** This is a request for buprenorphine patches for chronic pain. However, buprenorphine is primarily used to treat opioid addiction for which no documentation is provided. There is no documentation of failed trials of other more commonly prescribed opioids. Further the patient is currently only taking Tylenol as needed, and opioids were previously weaned off due to chronic daily headaches. Medical necessity has not been established. Therefore, Butrans (buprenorphine) patches are non-certified.