

<b>Case Number:</b>	CM13-0068837		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 25-year-old female who reported an injury on 11/29/2011. The mechanism of injury was noted to be a fall. She is diagnosed with chronic low back pain and left knee pain, status post lumbar laminectomy with postlaminectomy syndrome, lumbar radiculitis/radiculopathy; status post left knee arthroscopy, insomnia with chronic pain, and history of depression and anxiety. Her symptoms were noted to include low back pain with radiation to the left leg, spasm in the low back and calf, left knee pain, and giving way of the knee. Her medications were at her 10/24/2013 office visit to include Norco 10/325 mg, Tramadol, Gabapentin, Soma, Robaxin, Flexeril, naproxen, and Zipsor. Her treatment plan was noted to include a new pain management trial with use of a Butrans 5 mcg patch every 7 days, continued Norco as needed, Baclofen to replace the Robaxin for spasm, continued Neurontin, trial of Voltaren gel, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **28 DAY SUPPLY OF BUTRANS PATCHES 5MCG QUANTITY 4:** Overturned

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended for the treatment of opioid addiction and as an option for chronic pain. The guidelines further state that advantages in terms of pain control with use of Buprenorphine may include no analgesic ceiling, good safety profile, decreased abuse potential, and ability to suppress opiate withdrawal. The clinical information submitted for review indicated that the patient's pain was not controlled with her medication regime which included multiple medications including Norco. It was noted that the patient would continue to use Norco every 6 to 8 hours as needed for breakthrough pain during the titration of the Butrans. As the guidelines do support use of Butrans for chronic pain, a trial of Butrans patches 5 mcg is supported by evidence based guidelines. Therefore, the request is medically necessary and appropriate.