

<b>Case Number:</b>	CM14-0002413		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/31/2009
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 47 year-old female who is reported to have sustained work related injuries on 10/31/09. She is reported to have sustained injuries to the neck and bilateral shoulders as the result of repetitive lifting. Records indicate that she has been treated with oral medications and physical therapy. Routine urine drugs screens have been consistent without concerns of abuse or diversion. Per clinical note dated 12/18/13, the injured worker is unsure if she receives any benefit from the Butrans patch. The most recent clinical note is dated 03/03/14. This note notes the injured worker's VAS to be 6/10. She continues to have low back pain. The documented examination is unremarkable. A previous request for 4 patches of Butrans 4 mcg was non-certified under utilization review on 12/31/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 PATCHES OF BUTRANS 5MCG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The request for 4 patches of Butrans 4 mcg is not supported as medically necessary. Per California Medical Treatment Utilization Schedule the continued use of opiate medications must be supported by evidence of pain reduction and increased functional improvements. Per the clinical records the injured worker is unsure of benefit. The records provide no clear data of functional improvements. As such the medical necessity for continued use has not been established.