

<b>Case Number:</b>	CM14-0008704		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/05/1999
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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 45-year-old male who has submitted a claim for lumbar radiculitis, probable piriformis syndrome, and chronic major depressive disorder secondary to chronic pain; associated from an industrial injury date of October 5, 1999. Medical records from February 14, 2013 to January 13, 2014 were reviewed and showed that patient complained of pain in the back radiating down the buttocks and legs, with severe pain and numbness. There was difficulty sleeping due to anxiety and spasm. He could not tolerate sitting for 15-20 minutes, standing for 15-20 minutes, or walking for 10-15 minutes. He can perform activities of daily living with assistance. Physical examination showed tenderness in the IT band. There were trigger points in the lower latissimus dorsi, gluteus maximus, quadratus lumborum, lumbar region, and lumbosacral region. Range of motion was limited by pain. Motor testing showed 4/5 in left and right knee extension, left ankle dorsiflexion, and 3/5 in right ankle dorsiflexion. There was decreased sensation to light touch in the lateral legs. Treatment to date has included epidural injection, bilateral facet injection, Biofreeze, oxycodone, Abilify, alprazolam, bupropion, Lidoderm patch, Senna, Cymbalta, Rozerem, Trazodone, Gralise, Terocin, Butrans patch, cyclobenzaprine, and Terocin lotion. Utilization review, dated January 14, 2014, denied the request for Butrans because records do not clearly indicate benefit from opioids or other medications, or titration of Butrans patch to achieve significant functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 20 MCG/HR, #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BUPRENORPHINE,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20-9792.26, Page(s): 26-27.

**Decision rationale:** The California MTUS Guidelines state that buprenorphine is recommended for treatment of opiate addiction. In this case, the patient was prescribed Butrans in March 2013. However, recent progress notes did not document objective measures of analgesia and functional gains attributed with the use of Butrans. There is persistence of pain, and patient requires assistance in performing activities of daily living. In addition, this medication is indicated for opiate addiction, which patient does not currently have. Therefore, the request is not medically necessary.