

<b>Case Number:</b>	CM14-0009629		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 38 year old female who has submitted a claim for reflex sympathetic dystrophy of upper limb associated with an industrial injury date of June 24, 2011. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of left upper extremity pain. Physical examination revealed weakness of the left upper extremity. There was noted visible sweating of the left hand and allodynia. Manual muscle testing was performed using a Jamar dynamometer and revealed the following values: during maximal flexion contraction of the upper extremity the patient was able to generate (R 20 L1) kg of applied force. Treatment to date has included arthroscopy with debridement, arthroscopic synovectomy, cervical stimulator, splinting, cortisone injections, left stellate ganglion block, physical therapy, and medications, which include Norco, Celebrex, Nortriptyline HCl 40mg, Exalgo 8mg, Lyrica 50mg, Dilaudid 4mg, Xanax 0.5mg, Flexeril 5mg, and Ultram ER 100mg. Utilization review from January 8, 2014 denied the request for Butrans patch because it was not indicated that the claimant had developed opiate addiction that would support the use of Butrans patch. There was no documentation that the claimant had detoxification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS PATCH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Buprenorphine Page(s): 26-27.

**Decision rationale:** According to pages 26-27 of the MTUS Chronic Pain Guidelines, buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, the patient has been on Butrans patch since 12/11/13. Recent progress reports did not document objective measures of analgesia and functional gains attributed with the use of Butrans. There was a persistence of pain graded 9/10 despite its use. In addition, this medication is indicated for opiate addiction which the patient does not currently have. Furthermore, the present request did not indicate the number to be dispensed. As such, the request is not medically necessary and appropriate.