

<b>Case Number:</b>	CM14-0105996		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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:

Injured worker is a female with date of injury 8/9/2011. Per primary treating physician's progress report dated 5/28/2014, the injured worker continues to have low back pain, right shoulder pain and left knee pain. She states she has authorizatoin letters at home for MRIs of the right shoulder and left knee. She is undergoing physical therapy for her back, but it is not really helpful. She feels that she should get an MRI for the low back. The only exercise she is getting is through therapy, but she is working full time. She states the Tramadol is causing a lot of itching and has not been helpful. Lidoderm patches are helpful. She uses two a day and they help her get through her workday, but she would like to try something else. She is very sensitive to medications and gets a lot of side effects such as itching. On examination it is reported that there are no significant chages from last exam. Diagnoses include 1) left ankle pain status post surgery on 3/14/2013 with debridement arthrotomy and excision of the lateral talus 2) right sided low back pain radiating to right lower extremity 3) right shoulder pain 4) left knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch 5 MG Quantity 8 for Left Ankle and Low Back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** The MTUS Guidelines recommend the use of Buprenorphine for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker is noted to not be tolerant of many oral medications, and has pruritis with the use of Vicodin and Tramadol, although she is still being prescribed Ultracet. She has reported benefit from the use of Lidoderm patches and Voltaren gel. The clinical notes report that the Lidoderm patch helps her get through the workday, but she would like to try something else. Butrans patches are being requested in addition to the Lidoderm patch, and are not replacing another prescription. There is no indication in the clinical notes that her pain is inadequately controlled. The request is for Butrans patch 5 mg, which is a formulation that is not available. As such, the request is not medically necessary.