

<b>Case Number:</b>	CM14-0107812		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 51-year-old female who sustained an injury on 1/25/13. As per the report of 6/17/14, she complained of left shoulder pain described as aching, burning, pulling, pinching and weakness, rated at 4/10. She experienced aching, stiffness and tenderness. Examination of neck revealed pain to palpation over the C2-C3, C3-C4, C4-C5 and C5-C6 facet capsules, bilateral; pain with rotational extension indicative of facet capsular tears; positive Spurling's maneuver, positive maximal foraminal compression testing and pain with Valsalva, findings for CRPS, brachial plexus tear and focal injury to her hand wrist, and decreased ROM consistent with adhesive capsulitis. MRI of the left shoulder dated 10/28/13 revealed mild tendinosis of the supraspinatus tendon and adhesive capsulitis. She underwent left shoulder arthroscopy, decompression, SLAP repair, and debridement, blood harvest, and PRP injection on 07/10/13. Current medications include Butrans patch, Inderal, Loratadine, Lorazepam, Neurontin, Norethindrone, and verapamil. She is allergic to hydrocodone, penicillin, and sulfa drugs. Past treatments have included Neurontin with benefit, PT made pain worse, acupuncture with functional improvement, cervical MBB with 50% improvement, stellate ganglion block with no response and cortisone injection with minimal benefit. As per the report of 6/3/14 she was placed on Butrans due to intolerance to various narcotic medications. As per the report of 5/20/14 she noted 30% improvement with Butrans. Diagnoses include shoulder injury status post-surgery with post-operative CRPS and cervical injury with headaches, and potential brachial plexus tear, and upper extremity injury. The request for Butrans patch: 10 mcg/hour, 7 day supply # 4 was modified to Butrans patch: 10 mcg/hour #2 (weaning) on 06/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch: 10mcg/hour, 7 day supply # 4:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommends Buprenorphine for the 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. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). Transdermal formulation ('patch') is also recommended for the treatment of chronic pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. The medical records have not demonstrated the requirements for continued opioid therapy have been met; therefore, the medical necessity of Butrans has not been established in accordance to guidelines and based on the available clinical information.