

<b>Case Number:</b>	CM14-0108068		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/25/2014
<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 Internal 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 68-year-old female who reported an injury on 05/21/2012 after she fell on a cement wet floor at work and subsequently suffered from chronic lower back pain. The injured worker had diagnosis of facet arthropathy to the lumbar, lumbar discogenic pain, radiculopathy of the lumbar spine, lumbar degenerative disc disease, lumbar herniated nucleus pulposus at the L4-5 and L5-S1, and osteomyelitis. Past treatments included a lumbar ablation and medication. The medications included Percocet, Voltaren, gabapentin, orphenadrine, baclofen, Butrans. The physical examination dated 07/01/2014 of the lumbar spine revealed flexion was limited by 40% and extension was limited by 40%, right rotation was limited to 50% and left rotation by 30%, mild tight band, mild spasms, mild hypertonicity, mild tenderness along the bilateral lumbar spine, mild tenderness at the L4-5 and L5-S1 along the midline, agitated with extension and bent to position. The facet distraction and loading maneuvers were positive bilaterally at the L4-5 and L5-S1. The injured worker rated her pain of the lower back a 6/10 for current pain, and then with medication it is a 4/10 to the bilateral lower back. The treatment plan included Butrans patch. The Request for Authorization dated 07/15/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch 15mcg/hr:** Upheld

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

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

**Decision rationale:** The request for Butrans Patch 15mcg/hr is not medically necessary. The California MTUS indicate buprenorphine is recommend for the treatment of opioid addiction. It is also recommended for the option of chronic pain, especially after detoxification in patients who have a history of opioid addiction. The request did not indicate the frequency or the duration. The clinical notes were not evident that the injured worker had a history of opioid abuse. As such, the request is not medically necessary.