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| <b>Case Number:</b>   | CM14-0012075 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 08/17/2013 |
| <b>Decision Date:</b> | 06/27/2014   | <b>UR Denial Date:</b>       | 01/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2014 |

### 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 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:

According to the California MTUS Chronic Pain Medical Treatment 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 taking Norco since October 2013. Medical records submitted for review showed no evidence that the patient needs around-the-clock narcotics. Moreover, this medication is indicated for opiate addiction, which patient does not currently have. Lastly, the present request as submitted does not contain the dosage, and the quantity to be dispensed. Therefore, the request for Butrans Patch is not medically necessary and appropriate.

### 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 Page(s): 26-27.

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

**Decision rationale:** As stated on pages 26-27 of the CA MTUS Chronic Pain Medical Treatment 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 taking Norco since October 2013. Medical records submitted for review showed no evidence that the patient needs around-the-clock narcotics. Moreover, this medication is indicated for opiate addiction, which patient does not currently have. Lastly, the present request as submitted does not contain the dosage, and the quantity to be dispensed. Therefore, the request for BUTRANS PATCH is not medically necessary.