

<b>Case Number:</b>	CM14-0159684		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	02/24/1998
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family 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 was a 56 year old female whom experienced an industrial injury 02/24/98. She complained of low back pain and pain to both knees. Lumbar MRI results dated 07/15/14 were available and showed multiple disc bulges. Diagnoses were lumbar radiculopathy, sprains and strains of knees and leg - unspecified site, chronic pain syndrome, and myofascitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mcg #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Buprenorphine for opioid dependence; per ODG Website.

**Decision rationale:** Guidelines state, that Buprenorphine is recommended for treatment of opiate addiction and also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. This request is not reasonable as there is no

indication that patient has history of opiate addiction or that patient has gone through detoxification. The request is not medically necessary.