

<b>Case Number:</b>	CM14-0161032		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	06/30/1999
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain with derivative complaints of psychological stress and depression reportedly associated with an industrial injury of June 30, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical fusion surgery; earlier left shoulder arthroscopy; unspecified amounts of psychotherapy; opioid therapy; and a TENS unit. In a Utilization Review Report dated September 19, 2014, the claims administrator partially approved a request for BuTrans for the purposes of tapering, weaning, and ultimately discontinuing the same. The applicant's attorney subsequently appealed. In a March 27, 2014 progress note, the applicant presented to follow up on issues with major depressive disorder (MDD). The applicant was given prescriptions for Xanax, Seroquel, and Wellbutrin. The applicant's work status was not furnished. In a progress note dated March 25, 2014, the applicant reported ongoing complaints of neck and shoulder pain. Norco, BuTrans, and Naprosyn were refilled. A TENS unit was endorsed. In a progress note dated July 7, 2014, the applicant reported 5/10 shoulder pain. The applicant presented to obtain refills of Norco, Naprosyn, and BuTrans patches. TENS unit pads were also refilled, as was dulcolax. The applicant was asked to continue permanent work restrictions imposed by medical-legal evaluator. It did not appear that the applicant was working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans disc 5mcg/hr, quantity 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 77, 78.

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

**Decision rationale:** While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (BuTrans) is recommended in the treatment for opioid addiction and also recommended as an option in the treatment of chronic pain in applicants who have previously detoxified off of Opioids, who have a history of opioid addiction, in this case, however, there is no such history of Opioid addiction, Opioid dependency, and/or previous detoxification from opioids. It appears that BuTrans (Buprenorphine) was being employed for chronic pain purposes as opposed to for the Opioid addiction role for which it is endorsed on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not furnish any specific rationale for introduction and/or ongoing usage of BuTrans (Buprenorphine) here. Therefore, the request for Butrans is not medically necessary.