

<b>Case Number:</b>	CM14-0181710		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2014

### 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 Family Practice, 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:

This is a 62-year-old male claimant who sustained a work injury on June 7, 2012 involving the low back. He was diagnosed with lumbar disc disease, thoracic strain and sacroiliac inflammation with muscle spasms. He had previously been on Gabapentin, Methocarbamol and OxyContin for pain. A progress note on September 4, 2014 indicated had 2/10 upper back pain and 9/10 low back pain. Exam findings were notable for reduced range of motion of the lumbar spine and decreased sensation in the L4 to S1 dermatomes. The treating physician requested an MRI of the lumbar spine, Butrans patches and the use of topical Gabapentin, Cyclobenzaprine, Flurbiprofen and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10 mcg/Hr patch x4:** Upheld

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

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

**Decision rationale:** Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the

advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. As a result, the use of Butrans patches is not medically necessary.