

<b>Case Number:</b>	CM14-0021178		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

Patient is a 53-year-old female who has submitted a claim for s/p bilateral inguinal herniorrhaphy, deep vein thrombosis, right leg strain, depression with anxiety, obesity, chest wall pain, sleep disturbance and mixed headaches associated with an industrial injury date of 10/01/2007. Medical records from 2013-2014 were reviewed which revealed persistent leg pain. She continues to have sharp sudden pain but was less somatically preoccupied. She denied significant changes in functioning. Physical examination showed 4+ pulses, prominent venous pattern and mild tenderness to compression. Lower extremity venous duplex report don one 12/19/2013 showed non-occlusive deep vein thrombosis above the left knee. This was consistent with chronic deep vein thrombosis. Treatment to date has included, intake of medications namely; Butrans patch, Bupropion, Centrum, Topiramate, Prozac, Warfarin, Cyclobenzaprine and Tramadol. Utilization review from 1/27/2014 denied the request for Butrans patch because it was not discussed as to whether the patient has left over 5 mg patches or not. Modification cannot be made and was then not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS PATCH 10MCG:** Upheld

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

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

**Decision rationale:** Pages 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction. In this case, the patient was prescribed Butrans on December 16, 2013. Medical record dated 3/27/14 mentioned that Butrans patch allowed patient to become more mobile and decreased her pain level. However, this medication is indicated for opiate addiction, which patient does not currently have. Guidelines have not been met. Therefore, the request for Butrans patch 10mcg is not medically necessary.