

<b>Case Number:</b>	CM14-0021671		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Anesthesiology, and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 47-year-old male who reported an injury on 04/05/2011. The mechanism of injury was not stated. Current diagnoses include lumbar strain, lumbar disc protrusion, lumbar radiculitis, muscle spasm, and insomnia. The injured worker was evaluated on 01/09/2014. The injured worker reported 8/10 lower back pain. Physical examination revealed tenderness in the mid-sacral area, positive straight leg raising, and intact sensation. Treatment recommendations included a refill of Butrans 10 mcg/hr patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 10MCG/HOUR PATCH #8, FOR WEANING PURPOSE. (UNITS/DAYS REQUESTED: 2): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , OPIOIDS, 76.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state Buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, after detoxification in patients who have a history of opiate addiction.

Based on the medical records provided for review there is no documentation of opiate addiction or detoxification. The injured worker has utilized Butrans 10 mcg/hr patch since 08/2013. The injured worker continues to report 8/10 lower back pain. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. The request for Burtans 10 mcg/hr patch # 8, for weaning purpose is not medically necessary and appropriate.