

<b>Case Number:</b>	CM14-0023747		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 pain reportedly associated with industrial injury of August 5, 2010. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical laminectomy surgery; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for Butrans patches. The applicant's attorney subsequently appealed. In a November 21, 2013, progress note, the applicant was described as having ongoing complaints of forehead, neck and arm pain; 9/10, constant. The applicant was given refills of Butrans patches, Norco, Amrix and Cyclobenzaprine while remaining off of work, on total temporary disability. The applicant was also using Ambien and Voltaren, it was incidentally noted. In a May 2, 2014, progress note, the applicant again reported ongoing complaints of neck, forearm and upper arm pain. The applicant stated that various treatment have provided only minimal relief. The applicant was again placed off of work, on total temporary disability, while Norco, Butrans, Amrix, Prilosec and Neurontin were again endorsed. While the attending provider suggested that the applicant's medications were helping, this was not elaborated or expounded upon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20 Mcg#4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, When to Continue Opioids Page(s): 26, 80.

**Decision rationale:** While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Butrans (Buprenorphine) is indicated in the treatment of opioid addiction and/or for chronic pain purposes in applicants who have previously detoxified off of opioids, in this case, however, there was no mention of the applicant's using Buprenorphine or Butrans for opioid addiction purposes. There was no mention of the applicant's using Buprenorphine or Butrans as a transitory step toward weaning off of opioids altogether. Rather, it appears that the applicant was intent on using Buprenorphine in conjunction with Norco for chronic pain purposes. This is not an MTUS-endorsed role for Buprenorphine. It is further noted the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant remained off of work, on total temporary disability, several months removed from the date Buprenorphine was first initiated. The attending provider has, furthermore, failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Butrans (Buprenorphine) usage. Therefore, the request is not medically necessary.