

<b>Case Number:</b>	CM14-0025782		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/21/2002
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Taxes. 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 60-year old female who originally sustained an injury on 05/21/02. No specific mechanism of injury was reported. The injured worker had a 2nd date of injury, 10/29/13, when she fell landing on the left hip contributing to complaints of left hip and low back pain. The injured worker has been followed for chronic pain management and has utilized multiple medications to include Norco, Prilosec, Zanaflex, Neurontin, Anaprox, and Butrans patches. The injured worker has had prior toxicology results positive for both Hydrocodone and Butrans. The injured worker was seen on 01/07/14 with continuing complaints of low back pain radiating to the right lower extremity through the foot with pain scores 7-8/10 on the visual analogue scale (VAS). Physical examination noted gait antalgia and the patient utilized a cane for ambulation. There was tenderness to palpation over the right knee at the lateral joint line region. The injured worker's antalgic gait favored the right lower extremity and there was tenderness noted in the lumbar spine with loss of range of motion. The requested Butrans 20mg as well as a follow up visit was denied by utilization review on 02/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 20 MG:** Upheld

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

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

**Decision rationale:** Per guidelines, Butrans is recommended for detoxification of patients who are opioid tolerant and/or addicted to opioid medications. Butrans can be considered as a 3rd line medication in the treatment of ongoing chronic musculoskeletal or neuropathic pain. It is unclear at this point in time why the injured worker is continuing to utilize Butrans patches in conjunction with other narcotic medications such as Hydrocodone. The clinical documentation also did not continue to note ongoing functional improvement or pain reduction that would support the continued use of Butrans. Additionally, the request is non-specific in regards to quantity, duration, or frequency. Therefore, Butrans 20 mg is not medically necessary.

**FOLLOW-UP VISIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 1019, 557,303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

**Decision rationale:** In regards to the requested follow up visit, there is no ongoing assessment establishing any clear functional benefit or pain reduction with the continuing pain management that would require follow up visits. Therefore, Follow-Up Visit is not medically necessary.