

<b>Case Number:</b>	CM14-0029453		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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 patient is a 42 year old male who was injured on November 16, 2007 as a result of a fall from a ladder, while working as a painter. Diagnosis for cervical disc disease, cervical radiculopathy, lumbar disc disease, and lumbar radiculopathy were established. Treatment history includes physical therapy, home exercise program, ESIs, acupuncture, TENS unit, and medications. The surgical intervention was noted as lumbar discectomy for L4-5 & L5-S1 was performed on August 20, 2009 and anterior cervical discectomy for C3-7 was performed on December 2, 2010. A urine drug screen collected on 02/20/2014 detected acetaminophen, hydrocodone, hydromorphone, and norhydrocodone. He was documented as being prescribed Omeprazole, Mobic, Norco, Gabapentin, Zanaflex, Elavil, and Capsaicin. Records indicate a current diagnosis as failed neck and back surgery syndrome. Ongoing post-operative treatment measures provide limited relief of symptoms and there is further care proposed in the form of ESI and/or spinal cord stimulation. Non-opiate medications were prescribed post-operatively, however, provided minimal relief of symptoms as reported. Opioids were prescribed in February 2014. The request for Butran 5mcg #4 for treatment of chronic pain and opiate addiction as a result of failed neck and back surgery is reported in the clinical documentation and submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 5MCG #4:** 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:** The MTUS Chronic Pain Medical Treatment Guidelines recommends Buprenorphine for treatment of opiate addiction and is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. More recently, Buprenorphine has been introduced as a transdermal formulation ("patch") for the treatment of chronic pain with advantages for pain control that include no analgesic ceiling, good safety profile, decreased abuse potential, ability to suppress opioid withdrawal, and acts as an antihyperalgesic effect. The medical records document multi-level cervical and lumbar discectomy with residuals. Initial pain management in August 2013 documents chronic pain syndrome from failed neck and back surgery with initiation of non-opiate medication management. VAS pain scales are reported in October through December 2013 as 8/10. Opiates were prescribed in February 2014 and were shown on urine toxicology report dated 02/20/14. A pain management examination on 03/17/2014 reported subjective pain relief, specifically from use of Butran patch. On March 27, 2014 orthopedic examination indicates patient experiencing cognitive impairment from taking medication; however, the patient did not recall medication names. No further records were submitted for review beyond 03/27/2014. There is no documentation of opiate addiction or detoxification. There is no evidence of objective functional improvement or reduction in pain level. Thus, the request for Butran 5 mcg is not medically necessary and is not medically necessary.