

<b>Case Number:</b>	CM14-0033751		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 low back pain reportedly associated with an industrial injury of February 16, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated March 11, 2014, the claims administrator partially certified a request for BuTrans patches, apparently for weaning purposes, on the grounds that the applicant had not benefited through previous usage of the same. On September 30, 2013, the applicant was described as having ongoing complaints of pain and depression. The applicant was placed off of work, on total temporary disability, owing to a primary diagnosis of adjustment disorder. On November 4, 2013, the applicant was again described as having ongoing complaints of pain, 6/10 with medications and 10/10 without medications. The applicant was described as limited in terms of performance of even basic activities of daily living, including self care, personal hygiene, ambulation, activity, and sleep. The applicant was given renewals of BuTrans, Lidoderm, and Senna. The attending provider did not state why BuTrans was selected here. On January 27, 2014, the applicant was described as not working. The applicant was given Toradol injection in the clinic setting. The applicant was described using Senna, Lidoderm, and BuTrans. On February 24, 2014, the applicant reported 9/10 pain with medications and 10/10 pain without medications. The applicant was described as worsened, with ongoing complaints of neck pain, upper extremity pain, and low back pain. The applicant was again given renewals of Senna, Lidoderm, and BuTrans.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Burans 20Mcg/Hr Patch Mcg/Hr, Apply 1 Patch Every 7 Days, #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS TOPIC; BUPRENORPHINE TOPIC Page(s): 80; 26-27.

**Decision rationale:** No, the request for BuTrans patches are not medically necessary, medically appropriate, or indicated here. As noted on pages 26 and 27 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine is recommended for the treatment of opioid addiction. In this case, however, there is no clearly mentioned history of opioid addiction which would support ongoing usage of buprenorphine. It has not been clearly established or stated that the applicant is using buprenorphine as a means of transitioning or weaning off of opioids. It is further noted that the applicant appears to be using buprenorphine for chronic pain purposes. However, the applicant does not 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 remains off of work, on total temporary disability. The applicant's pain complaints are heightened as opposed to reduced, despite ongoing BuTrans usage. There is no evidence of any improvement of function achieved as a result of ongoing BuTrans usage. Rather, it appears that the applicant is limited in terms of performance of even basis activities of daily living such as ambulating and sleeping. Therefore, the request for BuTrans is not medically necessary.