

<b>Case Number:</b>	CM14-0035111		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/02/1999
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 reported an injury on 04/02/1999 of unspecified mechanism of injury. The injured worker had a history of increased aching and stabbing pain to the back on the right side with radicular symptoms to the hip and also a history of pain in the legs and right hand. The diagnoses included spinal contusion, spinal strain, L4-5 disc protrusion, right knee contusion, wrist contusion, right trochanteric bursitis; status post left knee meniscal tear/internal derangement arthroscopy, and status post right hip surgery dated 08/08/2009. No diagnostic results were available. No past treatments were available. The medications included Norco 60 mg and Butrans patch. There was no Visual Analog Scale (VAS) score given. Per the clinical note dated 01/24/2014, the objective findings to the lumbar spine included midline tenderness to the lumbar spine, muscle spasms, range of motion to the lumbar spine with flexion 18 degrees, extension 5 degrees, and left and right rotation 10 degrees with spasms were present. The injured worker had an antalgic gait to the right. Toe and heel walk were abnormal on the right. All Waddell signs are negative. The treatment included reducing the Norco and x-rays of the right hip. The Request for Authorization form dated 01/24/2014 was submitted with the documentation. The rationale for the Butrans patch was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 20mcg #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

**Decision rationale:** The California MTUS Guidelines recommend Buprenorphine for treatment of opiate addiction and also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Per the clinical notes provided, there was no indication that the injured worker had a history of opiate addiction. The current medication for the injured worker is Norco. The documentation also lacked if other conservative treatment had been evaluated, such as physical therapy. Per the clinical note on 01/24/2014, the injured worker indicated that the Butrans was not working. The request did not address the frequency. As such, Butrans patch 20mcg #4 is not medically necessary.