

<b>Case Number:</b>	CM14-0058504		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Emergency 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 3 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 35 year-old male, who sustained an injury on August 18, 2011. The mechanism of injury occurred from a fall from rafters. Diagnostics have included: November 28, 2011 left shoulder MRI was reported as showing superior labral tear; November 28, 2011 left knee MRI was reported as showing chronic tear to the ACL; November 28, 2011 lumbar spine MRI was reported as showing degenerative arthritis at L4-S1. Treatments have included: medications, left shoulder arthroscopy, left wrist surgery, physical therapy, acupuncture. The current diagnoses are: chronic left shoulder pain, s/p left shoulder arthroscopic surgery, left knee pain, low back pain, dental pain, headaches. The stated purpose of the request for Prospective request for 1 prescription of Butrans 10mcg #4 with 1 refill was to provide pain relief without GI upset. The request for Prospective request for 1 prescription of Butrans 10mcg #4 with 1 refill was denied on April 21, 2014, citing a lack of documentation of opioid addiction or detoxification. Per the report dated April 1, 2014, the treating physician noted complaints of chronic pain to the low back, shoulder and knee, but with benefits from medications bringing pain from 7/10 to 4/10 and allowing the injured worker to work full time, but also persistent GI symptoms despite the use of Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Butrans 10mcg #4 with 1 refill.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): Page 27-28.

**Decision rationale:** The requested Prospective request for 1 prescription of Butrans 10mcg #4 with 1 refill is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, age 27-28, Buprenorphine, note that it is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker has chronic pain to the low back, shoulder and knee. The treating physician has documented benefits from medications bringing pain from 7/10 to 4/10 and allowing the injured worker to work full time, but also persistent GI symptoms despite the use of Prilosec. The treating physician has not documented the presence or history of opiate addiction or detoxification. The criteria noted above not having been met, 1 prescription of Butrans 10mcg #4 with 1 refill, is not medically necessary.