

<b>Case Number:</b>	CM14-0062803		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/26/2002
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Nevada. 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 records, presented for review, indicate that this 58-year-old individual was reportedly injured on 3/26/2002. The mechanism of injury was not listed in the most recent progress note, dated 5/14/2014. It indicated that there were ongoing complaints of neck pain. The physical exam revealed cervical spine 30% restriction in range of motion. Sensation was diminished in all digits of the left hand compared to the right. Reflexes were intact, and the patient has good strength of grip, biceps, triceps, and deltoids. Diagnostic imaging studies included x-rays of the lumbar spine, which revealed spinal fusion from L3-S1 with interbody grafts. Pedicle screws and rods present at L3-L4. Alignment of the spine was normal. Previous treatment included lumbar fusion, medications, and conservative treatment. A request had been made for Butrans 20 mcg #4 and was not certified in the pre-authorization process on 4/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20mcg #4:** 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): 26-27.

**Decision rationale:** Butrans is recommended for treatment of opiate addiction. Also, it is recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A Schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. After review of the medical documentation provided, there was no documentation stating how to use the medication to improve function and decrease pain. Therefore, lacking additional findings, this request is deemed not medically necessary.