

<b>Case Number:</b>	CM14-0067089		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 47-year-old female who reported an injury on 12/06/2010. The mechanism of injury was noted to be a series of occupational injuries. Her diagnoses were noted to be left shoulder pain status post repair in 01/2013, neck pain, headaches, depression/anxiety, and insomnia. The injured worker had a clinical evaluation on 04/11/2014. Prior treatments were noted to be medications. The injured worker had an MRI of the cervical spine on 01/27/2011. Subjective complaints were noted to be neck and shoulder pain. In addition, she was having a lot of anxiety and difficulty sleeping. She rated her pain level at an 8/10 on a 1 to 10 scale. She was reporting that she stays at home indoors a lot due to her neck and shoulder issues, and they trigger migraines at least once a week. The objective findings were not noted in this Primary Treating Physician's Progress Report. Her current medications were noted to be Percocet, Toradol injections IM, Excedrin migraine, Motrin, and Cymbalta. Treatment plan is to use a trial of Butrans patch. In addition, she is prescribed tramadol and Lexapro. The provider's rationale for the request was provided within the treatment plan. A Request for Authorization was dated 04/17/2014 and provided within the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch extended release 10 mcg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26 and 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate Buprenorphine for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In recent years, Buprenorphine has been introduced in most European countries as a transdermal formulation for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; and (5) An apparent antihyperalgesic effect. The documentation provided for review does not indicate an opiate addiction, nor does it document a detoxification process or a history of opiate addiction. There is a lack of evidence indicating the injured worker's current opiate/narcotic being weaned or decreased. Per the guidelines, Buprenorphine is for treating opiate addiction or utilized for chronic pain post-detoxification of opiate addiction. In addition, the request fails to provide a frequency. As such, the request for Butrans patch extended release 10 mcg is not medically necessary.