

<b>Case Number:</b>	CM14-0072608		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 36-year-old male with a reported injury on 01/17/2013. The mechanism of injury was not provided. The diagnoses included bilateral knee pain, status post right partial meniscectomy, and status post arthroscopic surgical repair on the left knee. The injured worker has had previous treatments of physical therapy, the efficacy and the improvement of that therapy was not provided. The injured worker has had previous surgical treatments of right partial meniscectomy in 04/2013 and arthroscopic surgical repair on the left knee on 12/2013. The injured worker has an examination on 04/22/2014 for complaints of persistent bilateral knee pain. It was reported that the injured worker was unable to tolerate oral medications because they all make him sick and caused gastrointestinal upset. The injured worker has tried Voltaren gel and reported that it was not helpful with pain. The injured worker's activities of daily living were decreased due to being unable to tolerate oral analgesics including anti-inflammatories and low-dose narcotics. There was a lack of evidence on a VAS pain scale provided and there was not physical examination findings provided. The injured worker is not currently taking any other medications at this time. The recommended plan of treatment was for the trial of a Butrans patch. The rationale for trial of the Butrans was due to being unable to tolerate any oral analgesics also to help decrease the gastrointestinal symptoms and adverse effects. The Request for Authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two month trial of BuTrans 5mcg patch #4 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, topical analgesics Page(s): 26-27,111.

**Decision rationale:** The request for a 2-month trial of Butrans 5 mcg patch #4 with 2 refills is not medically necessary. The California MTUS Guidelines recommend buprenorphine for the treatment of opioid addiction. It is also recommended for chronic pain after detoxification in patients who have had a history of opioid addiction. The transdermal formulation such as the patch for treatment for chronic pain must have proposed advantages to include there is no analgesic seeping, a good safety profile, decreased abuse potential, and ability to suppress opioid withdrawal, and an apparent antihyperalgesic effect. The California MTUS Guidelines also recommend that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many compounded agents to include NSAIDS, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, A-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$ -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is a lack of evidence to support the medical necessity of a trial base of the Butrans patch. There was not a pain assessment provided for review. Therefore, the request for the 2-month trial Butrans 5 mcg patch is not medically necessary.