

<b>Case Number:</b>	CM14-0132576		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/24/2001
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 71-year-old male who sustained an industrial /work injury on 2/24/01. He reported an initial complaint of neck and low back pain. The injured worker was diagnosed as having cervical radiculopathy, s/p cervical spinal fusion, lumbar facet arthropathy, lumbar radiculitis, osteoarthritis of the bilateral knees, s/p left knee replacement. Treatment to date includes medication, and diagnostics. Currently, the injured worker complained of constant neck pain that radiates down the right upper extremity, associated with bilateral occipital headaches. Pain was rated 7/10. Per the pain medicine evaluation on 7/18/14, exam noted cervical spinal vertebral tenderness at C5-6 with moderately limited range of motion due to pain, decreased sensation in the right upper extremity, with affected C5-7 dermatomes. The lumbar spine has moderately to severely limited range of motion with significant pain with positive facet signs. The requested treatments include Butrans 10mcg patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mcg patch #4 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Opioids, criteria for use; Opioids for chronic pain Page(s): 26-27 of 127; 78-81 of 127.

**Decision rationale:** MTUS recommends buprenorphine as an option for treatment of chronic pain, noting availability of a patch formulation. MTUS states that buprenorphine presents several advantages compared to other opioids, including "(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; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor). (Kress, 2008) (Heit, 2008) (Johnson, 2005) (Landau, 2007)" The submitted documentation indicates that claimant received inadequate results from hydrocodone and OxyContin. He was changed from methadone to Butrans patch on 07/18/14. Prior to starting Butrans, scores on Oswestry Disability Index and Neck Disability Index were elevated, but no subsequent scores are documented. However, 09/24/14 office note indicates that pain scores were 5-6/10 with medication and 10/10 without medication. Claimant reported specific functional improvement in activities of daily living with Butrans. He reported fewer side effects with Butrans compared to methadone. The documented urine drug screens did not identify any aberrant behaviors. MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The "4 A's" appear to be met in this case with Butrans use, and the requested medication is consistent with MTUS recommendations. The request is medically necessary.