

<b>Case Number:</b>	CM14-0136152		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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: Texas, Florida, California  
 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 67 year old female, who sustained an industrial injury on 12/22/2010. She has reported injury to the neck and low back. The diagnoses have included chronic neck pain; chronic back pain; cervical degenerative disc disease; lumbar degenerative disc disease; myofascial pain syndrome; and thoracic spinal stenosis at T10-11. Treatment to date has included medications, diagnostics, injections, massage therapy, physical therapy, and home exercise program. Medications have included Duragesic Patch, Motrin, Robaxin, and Butrans Patch. A progress note from the treating physician, dated 07/24/2014, documented a follow-up visit with the injured worker. The injured worker reported ongoing neck and low back pain; she continues to do well; she is walking for exercise; average pain is rated at 6/10 on the pain scale; the pain can flare up to a 9/10 on the pain scale; the pain stays around 4/10 or 6/10 if she uses the Butrans Patch consistently; and it allows her to continue activities of daily living and walk for exercise. Objective findings included ongoing tenderness to the cervical and lumbar paraspinal muscles. The treatment plan has included the request for Butrans Patches 5mcg #4 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patches 5mcg #4 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 27 of 127.

**Decision rationale:** This claimant was injured 5 years ago. There is chronic neck and back pain. There has been extensive past treatments including injections, various therapy programs. As of July 2014, the pain continues. The pain drops about two VAS points, with some functional improvements. It is not clear why oral medicines are not sufficient. The MTUS notes this medicine 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. In this case, there is no information of opiate addiction, or it is being used post detoxification. The request does not meet MTUS criteria for the use of this special opiate medication, and it was appropriately not medically necessary.