

<b>Case Number:</b>	CM14-0193870		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/29/2004
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Family Medicine and is licensed to practice in California. 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:

This is a 56 year old male patient who sustained a work related injury on 3/29/2004 The exact mechanism of injury was not specified in the records provided. The current diagnoses include chronic pain syndrome with lumbar spondylosis, degenerative joint disease, degenerative disk disease and radiculopathy, status post spinal surgery Per the doctor's note dated 10/23/14, patient has complaints of low back pain rated 6/10 worsened by back flexion or hip rotation Physical examination revealed normal gait, 4/5 muscle strength and intact sensation in the lower extremities, positive seated and supine straight leg raise exacerbated by Lasegue's maneuver; and normal DTRs The current medication lists include lisinopril, propranolol, lovastatin and Butrans patch. The patient has had X-ray of the low back that revealed normal alignment He underwent posterior fusion with instrumentation at L5-S1 in 2006; recently underwent removal of surgically implanted hardware at LS-51 on 10/1/14 The patient's surgical history include spinal cord stimulator placement and left nephrectomy for kidney cancer The patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Butrans patch 20mcg/hr #4 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Therapeutic Trial of Opioids Buprenorphine Page(s): 26-27.

**Decision rationale:** Butrans contains Buprenorphine which is a partial opioid agonist. According to CA MTUS guidelines cited below Buprenorphine is recommended for, "Treatment of opiate agonist dependence." Any evidence opioid dependence was not specified in the records provided. It is not specified in the records provided whether Butrans patch is prescribed for opioid dependence or for analgesic purpose According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Butrans patch 20mcg/hr #4 with 4 refills is not established for this patient.