

<b>Case Number:</b>	CM14-0194449		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/07/1994
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 43-year-old male with injury date of 07/07/94. Based on the 09/23/14 progress report, the patient complains of low back pain and bilateral knee pain. Patient rates his pain 8/10 without medications. Physical examination to the lumbar spine revealed spasm and tenderness over the paravertebral muscles, decreased range of motion, and decreased sensation in L4 and L5 dermatomal distribution bilaterally. Patient has been taking Percocet and Norco at least from 04/01/14 report. Treater states that patient's pain medications cause no side effect, "help to maintain functional capacity," and "address his nociceptive pain adequately," per 09/23/14 report. Treater requests a trial of Butrans patch "to decrease intake of acetaminophen." Treater also states that Butrans patch "will address patient's nociceptive pain, decreasing risk of liver toxicity." Per progress report dated 10/21/14, treater requests Butrans patch "to provide the patient more sustained pain relief to avoid any interruption in his regimen of medication." Surgery-Lap band surgery in November 2013 per 09/23/14 progress report Diagnosis 09/23/14- Lumbosacral radiculopathy-Knees tendinitis/bursitis-Status post lap band surgery-Morbid obesity The request is for 4 PATCHES OF BUTRANS 5MCG/HOUR. The utilization review determination being challenged is dated 10/17/14. The rationale is "...no evidence from the submitted record that the patient is on treatment for, or has a history of, opioid addiction....no documentation of other medication taken or conservative treatment given to address his complaints....the severity of the IW's pain is not described." Treatment reports were provided from 04/01/14 to 10/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 patches of Butrans 5mcg/hour:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Buprenorphine for chronic pain

**Decision rationale:** Patient presents with low back pain and bilateral knee pain. The request is for 4 PATCHES OF BUTRANS 5MCG/HOUR. Patient has been taking Norco and Percocet at least from 04/01/14. Treater states that patient's pain medications cause no side effect, "help to maintain functional capacity," and "address his nociceptive pain adequately," per 09/23/14 report. ODG-TWC, Pain (Chronic) Chapter states: "Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." "Use in opioid-experienced patient: There is the potential for buprenorphine to precipitate withdrawal in opioid-experienced patients." "Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain." Treater requests Butrans patch "to provide the patient more sustained pain relief to avoid any interruption in his regimen of medication," per 10/21/14 report. On 9/23/14 report, the treater requests a trial of Butrans to "decrease intake of acetaminophen" and to decrease the "risk of liver toxicity" Per this report, the patient's pain is controlled adequately with Percocet and Norco. It would appear that the treater is interested in having the patient taper off of the Percocet and Norco eventually, and have the patient use the Butrans. The request is medically necessary and consistent with MTUS.