

<b>Case Number:</b>	CM14-0200471		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Occupational Medicine and is licensed to practice in New Jersey. 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 59-year-old female with a work related injury dated January 20, 2012. She was diagnosed with cervical pain, lumbago, and shoulder pain. She was treated with medications, trigger point injections, and physical therapy. At the physician's visit dated September 24, 2014, the worker was complaining of neck pain that radiated to the right arm. Pain was reported to be well controlled with current pain medication regime. Pain was rated 6/10 on the pain scale with medication and 9/10 on the pain scale without medications. Physical exam was remarkable for fatigue, cervical spine tenderness at the facet joints, full range of motion with flexion, markedly reduced with extension, left lateral bending and right lateral bending, lumbar spine with tenderness over the midline and paraspinal areas with mildly diminished range of motion and no marked tenderness. Diagnoses included cervical pain/cervicalgia, lumbago, low back pain and shoulder joint pain. Treatment plan recommended increase of Butrans to 7.5mg topically and gabapentin increased to three times per day and activity as tolerated. The utilization review decision that was dated November 3, 2014 non-certified the request for Butrans 5mcg/hour transdermal patch, count of four. The rationale for non-coverage reflected that the California MTUS, Chronic Pain Medical Treatment Guidelines allows for topical analgesics as an option in pain control. This should not be a first line of treatment. It is suggested as useful for specific patients with hyperalgesia component to pain, centrally mediated pain, neuropathic pain and patients considered high-risk of non-adherence with standard opioid maintenance. The request was documented as not reasonable as there is no documentation that the patient is at high-risk of non-adherence with standard opioid maintenance or that the patient had been previously detoxified for other high-dose opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mcg/Hr Transdermal Patch #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Buprenorphine

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, there was insufficient documentation provided to show a complete history of his Butrans use and reasoning for starting it. Also, the progress notes provided suggested continuation of this medication without any specific review of its functional benefit. From the documents provided, there was insufficient evidence to show this worker was a candidate for Butrans use, which would be required before considering continuation. Therefore, the Butrans patch will be considered medically unnecessary until this evidence of meeting criteria as well as evidence of functional benefit with its use is provided to the reviewer.