

<b>Case Number:</b>	CM14-0208617		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 52-year-old male who was injured on May 30, 2012. The patient continued to experience pain to his neck and midback. Physical examination was notable for tenderness and decreased range of motion of the cervical spine, intact sensation to the bilateral upper extremities, and normal motor strength of the bilateral upper extremities. Diagnoses included cervical disc degeneration, cervical facet arthropathy, and cervical radiculopathy. Treatment included medications, physical therapy, trigger point injection, epidural steroid injection, and surgery. Request for authorization for Butrans 5 mcg #3 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5 mcg #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine for opioid dependence Page(s): 43, 74, 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26-27.

**Decision rationale:** Butrans is Buprenorphine. It is 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 hyperalgesia 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. In this case the documentation in the medical record does not support that the patient qualifies as a member of any of these populations. Butrans is not indicated. The request should not be medically necessary.