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| <b>Case Number:</b>   | CM14-0209807 |                              |            |
| <b>Date Assigned:</b> | 12/19/2014   | <b>Date of Injury:</b>       | 06/13/2007 |
| <b>Decision Date:</b> | 02/11/2015   | <b>UR Denial Date:</b>       | 11/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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 Internal 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 claimant is a 54 yo male who sustained an industrial injury on 06/13/2007. The mechanism of injury was not provided for review. His diagnoses include lumbar spine degenerative disc disease, herniated nucleus pulposus, lumbar spine spinal stenosis and lumbar radiculopathy. He continues to complain of low back pain. On physical exam there is decreased range of lumbar motion with extension to 10 degrees, flexion to 30 degrees, lateral flexion to 15 degrees and positive straight leg raising bilaterally. Treatment has consisted of medical therapy and epidural steroid injection therapy. The treating provider has requested Butrans patch 5mcg/hr # 4 with 2 refills and Lab work: CBC, Chem 8, CPK, CRP, Hepatic panel, and Arthritis panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 5mcg/hr #4 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Butrans (Buprenorphine)

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

**Decision rationale:** Buprenorphine is an opioid, a semi-synthetic derivative of thebaine. It is a mixed agonist-antagonist opioid receptor modulator that is used to treat opioid addiction in higher dosages, to control moderate acute pain in non-opioid-tolerant individuals in lower dosages and to control moderate chronic pain in even smaller doses. There is no clear documented plan for weaning or treatment of addiction in this case. Butrans appears to be prescribed without documented specific functional goals per the recommendations for opioid management. The records do not provide a rationale and goals for Butrans in this chronic setting. As such, this request is not medically necessary.

**Lab work: CBC, Chem 8, CPK, CRP, hepatic panel, and arthritis panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** There is no documentation provided necessitating the requested follow-up laboratory studies. Per the treatment guidelines, periodic lab monitoring of a CBC and chemistry profile, which includes liver and renal function tests, is recommended for patients maintained on chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. There is no indication for the requested lab studies, including an arthritis panel and C-reactive protein tests. The injured worker is under 65 and appears to be at low risk of liver damage. In addition, there is no evidence of an autoimmune or inflammatory arthropathy. As such, this request is not medically necessary.