

<b>Case Number:</b>	CM14-0213598		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old male with a 4/12/10 date of injury. At the time (10/1/14) of request for authorization for Butrans 5mcg #4, 1 patch per week, there is documentation of subjective (groin pain) and objective (allodynia over the right inguinal ligament region and left groin area) findings, current diagnoses (chronic bilateral groin pain), and treatment to date (physical therapy). There is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mcg #4, 1 patch per week:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a

history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of a diagnosis of chronic bilateral groin pain. However, despite documentation of chronic pain, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Therefore, based on guidelines and a review of the evidence, the request for Butrans 5mcg #4, 1 patch per week is not medically necessary.