

<b>Case Number:</b>	CM15-0000460		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 61 year old female, who sustained an industrial injury on January 6, 2012. She has reported low back pain with numbness in both feet and in the neck. The diagnoses have included cervical root dysfunction at the cervical 7 level on the left, slight right median neuropathy, bilateral ulnar neuropathies with no myopathy or myositis. Treatment to date has included Radiographic imaging, diagnostic studies, cervical spine surgery, conservative therapies, pain medications and work restrictions. Currently, the IW complains of low back pain with numbness in both feet and in the neck as well as the elbows. The injured worker reported an industrial injury in 2012, resulting in the above pain. She was treated conservatively without resolution of the persistent pain. She underwent cervical spine surgery however the pain and stiffness was persistent. Evaluation on October 18, 2012, revealed continued pain. The plan was to treat the chronic pain conservatively with physical therapy, chiropractic care and pain medications. Evaluation on January 23, 2013, revealed decreased range of motion in the cervical and lumbar spine and continued pain. On December 17, 2014, Utilization Review non-certified a Butrans (buprenorphine Transdermal System 10mcg/hour, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 22, 2014, the injured worker submitted an application for IMR for review of requested Butrans (buprenorphine Transdermal System 10mcg/hour.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch 10 Micrograms/Hour, Apply 1 Patch Every 7 Days #4 with 4 Refills for Neck and Lumbar:** Upheld

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

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

**Decision rationale:** Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The pain level recently was 2/10 . there was no indication of trial of Tylenol or short-term use of an opioid to determine the pain response. As a result, the use of Butrans patches is not medically necessary.