

<b>Case Number:</b>	CM15-0007606		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 58 year old female who sustained an industrial injury on 10/28/2010. She has work injuries to the shoulders, low back, left breast, teeth, neck and left knee. Diagnoses include chronic bilateral L5 radiculopathy and polyneuropathy, cervical spine disc herniation's with neuroforaminal stenosis, injury to left breast implant, left knee chondromalacia of the patella, lumbar spine disc herniation as with radicular complaints, spondylolisthesis L4-L5, thoracic spine and lumbar spine strain with pre-existing scoliosis, status-post left knee arthroscopy with meniscectomy and chondroplasty and synovectomy on 08/29/2013. A physician progress report dated 12/12/2014 documents the injured worker had reported increased left knee pain and stated her knee catches and gave away. She also reports ongoing low back pain with radiation to the left leg. She reports sleep disruption due to pain. The injured worker has limited range of motion of the lumbar spine with pain. The injured worker had increased her Norco intake to 6-8 tablets a day due to her increased pain. The physician instructed the injured worker not to exceed 5 Norco tablets a day and prescribed the Butrans patch for pain relief until she followed up with the pain management physician. The treating provider is requesting Butrans 10mcg/hr., Qty 4-Day Supply 28. (1 patch every 7 days). On 01.05/2015 Utilization Review modified the request for Butrans DIS 10mcg/hr. Qty 4 Day Supply 28, (1 patch every 7 days) to Butrans Disc 10mcg/hr. # 2 for progressive weaning certification expires on 02/06/2015, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans DIS 10mcg/Hr Qty 4 Day Supply 28:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**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 the claimant was weaning off of Norco but had continued pain for which she was taking 8 Norco/day. As a result, the use of Butrans patches is appropriate and medically necessary.