

<b>Case Number:</b>	CM15-0008543		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female, who sustained an industrial injury on May 21, 2010. She has reported upper back pain, right arm pain, lower back pain, left ankle pain and left hip pain. The diagnoses have included other disorders of the muscle, ligaments and fascia, muscle spasms, and reflexive sympathetic dystrophy of the lower limb. Treatment to date has included medications, physical therapy, chiropractic, home exercises, heat, and imaging studies. A progress note dated November 21, 2014 indicates a chief complaint of upper back pain and bilateral arm pain. Physical examination showed decreased range of motion of the lower back. The treating physician is requesting a prescription for Burtrans patches. On December 29, 2014 Utilization Review denied the request citing the 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 patch 10 mcg/hr, four count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Buprenorphine Page(s): 60.

**Decision rationale:** The patient presents with upper back and bilateral arm pain. The current request is for Butrans patch 10 mcg/hr, four count. The treating physician states, she stated the Butrans patch caused greater pain relief. We will refill Butrans patch 10 mcg/hr apply 1 every 7 days #4. The MTUS guidelines for Buprenorphine state, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain." MTUS for opiates requires documentation of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case the treating physician has failed to provide information each month in his reports to document the effects of this medication. Even if the reviewer were to accept the fact that the IW would be completely incapacitated if she did not take her medication as fulfilling the analgesia and ADL requirement. There is no documentation provided of adverse side effects or screening for aberrant behavior. The MTUS guidelines for opiate prescriptions require more specific documentation. Recommendation is for denial.