

<b>Case Number:</b>	CM15-0108071		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	01/19/2006
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: New Jersey  
 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 62 year old female, who sustained an industrial injury on 1/19/06. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spondylosis; severe osteoarthritis left knee; bilateral ankle pain. Treatment to date has included status post right knee total knee replacement (4/2013); medications. Diagnostics included MRI lumbar spine (5/6/12); X-ray left knee (1/8/15); chest x-ray (1/8/15). Currently, the PR-2 notes dated 5/14/15 indicated the injured worker returns to this office for further evaluation of bilateral lower extremity pain. She was last seen on 12/10/14. Since that time she has been seeing her family physician and brings those reports. The provider notes that she was anticipating a left total knee replacement was found to have pulmonary edema and the surgery has been postponed. She will see that physician also today for further evaluation of the edema. X-rays were taken on 1/8/15 of the left knee that reveal mild to moderate tricompartmental osteoarthritis of the left knee. She also has a chest x-ray on that date that shows stable moderate hilar vascular prominence concerning for pulmonary arterial hypertension. The injured worker states that due to her pulmonary edema, she is unable to take oral medications and asking about patches or topical medications for pain control. Currently, she has pain ranges from 7/10 to 9/10 with difficulty walking and weight bearing. She utilizes a front-wheeled walker and reports pain about the left knee in the medial and lateral aspect. The provider notes crepitus with flexion and extension. She has had a prior right knee total knee replacement. The provider is requesting authorization for Butrans patch 10mcg #4.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Butrans patch 10mcg #4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Buprenorphine Page(s): 78-96; 26-27. Decision based on Non-MTUS Citation ODG, Pain section Buprenorphine.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS Chronic Pain Treatment Guidelines state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, it is unclear why Butrans was chosen over other opioid or non-opioid medications as there was no documentation of a history of opiate addiction, hyperalgesia, centrally mediated pain, or non-adherence with other opioids. She does, however, exhibit signs of neuropathic pain and wished to not use oral medications. Upon review of the prior notes, the worker had seemed to respond positively to the Norco use, reducing pain levels, and improving function, however, this was not clearly and specific enough to clearly satisfy prior reviews. The trial of Butrans seems to be reasonable at this time, as there was no clear indication to stop opioids as long as the documentation clearly showed functional benefit and pain level reduction. Therefore, it is of the opinion of this reviewer that it is medically necessary to trial the Butrans patch for a short period as requested.