

<b>Case Number:</b>	CM15-0138150		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	01/21/2015
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 24, 2015. In a Utilization Review report dated July 7, 2015, the claims administrator partially approved a request for Butrans patches. A June 29, 2015 RFA form and an associated progress note of June 22, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On June 22, 2015, the applicant reported ongoing complaints of low back pain radiating to bilateral lower extremities, reportedly severe. The applicant has had difficulty performing activities of day-to-day such as walking and bending, it was reported. The applicant was on Protonix, Ultracet, buprenorphine, hydrochlorothiazide, and Norflex, it was reported in one section of the note. In another section of the note, the attending provider stated that the applicant had not received authorization for buprenorphine and had not started the same. An extremely proscriptive 5-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The attending provider suggested that the applicant consider an epidural steroid injection and possibly a functional restoration at a later point. Butrans patches were endorsed for chronic pain purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mcg/hr patches #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Buprenorphine Page(s): 111-112; 26-27.

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

**Decision rationale:** No, the request for buprenorphine (Butrans) was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Butrans) is indicated in the treatment of opioid addiction and is also recommended as an option for chronic pain in applicants who are previously detoxified off of other opioids, here, however, there was no mention of the applicant's using buprenorphine or Butrans for opioid addiction and/or opioid detoxification purposes. There was no mention of the applicant's having previously detoxified off of other opioids. It did not appear, in short, that the applicant was an appropriate candidate for introduction of buprenorphine (Butrans). Therefore, the request was not medically necessary.