

<b>Case Number:</b>	CM15-0148371		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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

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:

This is a 48 year old female with an April 29, 2011 date of injury. A progress note dated June 24, 2015 documents subjective complaints (right elbow complaints), objective findings (normal muscle tone without atrophy in all extremities; painful and decreased range of motion of the right shoulder; positive apprehension sign and empty can sign on the right; tenderness over the anterior shoulder capsule; positive impingement sign of the right shoulder; tenderness over the medial and lateral epicondyles greater on the lateral portion), and current diagnoses (tension headache; ulnar nerve lesion; lateral epicondylitis; radial nerve lesion; cervicobrachial syndrome). Treatments to date have included medications, magnetic resonance imaging of the right upper extremity joint (June 16, 2015; showed osseous degenerative spurring with bone marrow edema at the sublime tubercle with diminutive but grossly intact ulnar collateral ligament; mild to moderate common extensor origin tendinosis without tear or retraction or subjacent osseous edema; posteromedial subcutaneous soft tissue edema with prominence of the ulnar nerve), right elbow surgery, nerve conduction studies with normal findings, and elbow injections. The treating physician documented a plan of care that included Butrans patches 5 micrograms per hour #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Dis 5mcg/hr, days supply: 28, quantity: 4 MED=30mg: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain  
Chapter/Buprenorphine for chronic pain.

**Decision rationale:** According to ODG, Buprenorphine recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. ODG also notes that Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. In this case, while it noted that the injured worker has failed Ultracet, the medial records do not establish attempt at non-opiate medications to address the patient's chronic pain. The request for Butrans Dis 5mcg/hr, days supply: 28, quantity: 4 MED= 30mg is therefore not medically necessary and appropriate.