

<b>Case Number:</b>	CM15-0161687		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 York  
 Certification(s)/Specialty: Anesthesiology

### 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 43 year old male, who sustained an industrial injury on 8-3-11. He reported a low back and left lower extremity while unloading boxes. The injured worker was diagnosed as having L5-S1 disc bulge with bilateral S1 radicular pain, severe reactive depression with psychotic features and somatoform disorder, bilateral foci in the periventricular and subcortical white matter, posttraumatic stress disorder and C4-5, C5-6 and C6-7 disc bulges. Treatment to date has included oral medications including Norco, Cymbalta, Motrin and Flexeril, Butrans patches, activity modifications, lumbar epidural injections and physical therapy. (MRI) magnetic resonance imaging of cervical spine performed on 5-26-15 revealed moderate right and mild left neuroforaminal narrowing at C5-6 and mild multilevel degenerative disc disease of the cervical spine. Currently on 7-28-15, the injured worker complains of unchanged back pain rated 10 out of 10 with radiating bilateral leg pain and neck discomfort. He is temporarily totally disabled. He states he initially improved with the lumbar epidural steroid injection, however developed right leg numbness and weakness and states he is unable to walk. Physical exam performed on 7-28-15 revealed the injured worker sitting in a wheelchair, 2-5 collapsing weakness in the deltoid and supraspinatus muscles, 2-5 strength in abductors, absent biceps patellar reflexes and triceps Achilles reflexes are 2 with toes down going. A high velocity arm tremor is noted with shoulder and arm exam; however he was able to elevate the shoulder and flex his elbow to 90 degrees. A request for authorization was submitted on 7-28-15 for thoracic lumbar (MRI) magnetic resonance imaging, wheelchair left for car, Butrans 5mcg #4, Cymbalta 60mg #30 and psychiatric assessment and monthly visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 26, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Butrans.

**Decision rationale:** Butrans (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, there is no requested dosage of this medication documented. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.