

<b>Case Number:</b>	CM15-0162676		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/14/2003
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Emergency 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 injured worker is a 54-year-old female, who sustained an industrial injury on 5-14-03. She reported headaches and neck pain after being struck in the head by a box of paper towels. The injured worker was diagnosed as having degenerative disc disease, spondylosis C3-4 and C5-6, recurrent left ulnar neuropathy, mild to moderate carpal tunnel syndrome of right wrist, status post left and right shoulder surgery, status bilateral elbow surgery, status post left ulnar transposition surgery and status post right first dorsal compartment release. Treatment to date has included oral medications including Lexapro 10mg, Norco 10-325mg, Lyrica 300mg and Elavil 25mg; topical Butrans 20mcg patch, right elbow and right wrist surgery, bilateral shoulder surgery, physical therapy and activity modifications. (EMG) Electromyogram studies performed on 4-8-15 revealed evidence of left ulnar neuropathy at the elbow and evidence of median nerve neuropathy at right wrist consistent with carpal tunnel syndrome. Currently on 7-2-15, the injured worker complains of pain in neck, bilateral upper extremities, bilateral hips and bilateral lower extremities rated 10 out of 10 without medications and 8 out of 10 with medications and she notes with medications she is able to maintain her level of function. Disability status is noted to be permanent and stationary. Physical exam performed on 7-2-15 was unremarkable. The treatment plan included prescriptions for Butrans 20mcg patch #4 and Norco 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans DIS 20mcg/HR patch 1 to CW Q7 days #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

**Decision rationale:** The requested Butrans DIS 20mcg/HR patch 1 to CW Q7 days #4. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has pain in neck, bilateral upper extremities, bilateral hips and bilateral lower extremities rated 10 out of 10 without medications and 8 out of 10 with medications and she notes with medications she is able to maintain her level of function. Disability status is noted to be permanent and stationary. Physical exam performed on 7-2-15 was unremarkable. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans DIS 20mcg/HR patch 1 to CW Q7 days #4 is not medically necessary.