

<b>Case Number:</b>	CM15-0163320		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/18/2015
<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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 40 year old female with an industrial injury dated 06-24-2008. The injured worker's diagnoses include neck sprain and strain, lumbar sprain and strain, chronic pain syndrome and post concussion syndrome. Treatment consisted of urine drug screens, prescribed medications, cervical and lumbar epidural steroid injections, and periodic follow up visits. In a progress note dated 07-27-2015, the injured worker reported pain in the head, neck, back and left hip pain. The injured worker rated current pain a 1 out of 10, average pain a 5 out of 10 and a 1-3 out of 10 with medications. Objective findings revealed discomfort, tearful mood, and decreased painful range of motion in the neck and low back. Left shoulder exam revealed erythema in a pattern of the Butrans patch. The treatment plan consisted of medication management and physical therapy. The treating physician prescribed Buprenorphine 2mg #30, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 2mg #30:** 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 section, Buprenorphine (Butrans).

**Decision rationale:** Pursuant to the Official Disability Guidelines, Buprenorphine (Butrans) 2mg #30 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are neck sprain strain; lumbar sprain strain; chronic pain syndrome; and post concussion syndrome. Date of injury is June 24, 2008. Request for authorization is August 11, 2015. Documentation in the medical record indicates the treating provider prescribed a trial of Butrans patch May 6, 2015 after Suboxone with noncertified. Subjectively, the injured worker complained of head, neck, back and left hip pain. According to a May 28, 2015 progress note, the injured worker developed a reaction to the Butrans patch. The treating provider recommended Benadryl. According to the most recent progress note dated June 25, 2015, the documentation indicates there were no significant benefits from the Butrans patch. The documentation states the injured worker failed multiple opiates in the past including, but not limited to, Norco, Oxycodone, Nucynta and multiple neuropathic medications. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing Buprenorphine (Butrans). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement, Buprenorphine (Butrans) 2mg #30 is not medically necessary.