

<b>Case Number:</b>	CM15-0180949		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/18/2004
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 Jersey

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:

The injured worker is a 32 year old male who sustained an industrial injury on 9-18-04. The injured worker reported left foot pain. A review of the medical records indicates that the injured worker is undergoing treatments for pain in ankle, foot pain and joint pain. Medical records dated 9-22-15 indicate pain rated at 3 out of 10. Provider documentation dated 9-22-15 noted the work status as permanent and stationary. Treatment has included Cymbalta since at least May of 2012, Naprosyn since at least May of 2012, Norco since at least January of 2012, Wellbutrin since at least January of 2015, ganglion block (May 2012), Psychiatric evaluation, and Flexeril since at least December of 2014. Objective findings dated 9-22-14 were notable for left foot with tenderness to palpation to the plantar aspect. The original utilization review (9-4-15) denied a request for 1 prescription of Butrans 10 micrograms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Butrans 10 mcg:** 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, Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section Buprenorphine.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS Chronic Pain Treatment Guidelines also state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, there was record of using Butrans patch chronically leading up to this request, even after recommendation from previous reviewers to wean down on dosing. There was insufficient evidence found from the record provided to show clear functional gains directly and independently related to Butrans patch use, which would be required to justify its continuation at any dose. Therefore, without this more clear evidence of benefit at the requested dose, this request will be considered medically unnecessary. Also, the request did not include a number of patches, therefore not medically necessary.