

<b>Case Number:</b>	CM15-0192231		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on 7-25-11. The injured worker was diagnosed as having thoracic or lumbosacral neuritis, lumbar spinal stenosis without neurogenic claudication, acquired spondylolisthesis, and lumbar post-laminectomy syndrome. Treatment to date has included L4-5 laminectomy and medial facetectomies on 10-31-12, L4-5 hemilaminotomy and facetectomy on 1-18-12, at least 21 physical therapy sessions, and medication including Norco, Butrans patches, Gabapentin, Cyclobenzaprine, and Naproxen. Physical examination findings on 8-31-15 included no lumbar spine tenderness, normal lumbar spine range of motion, decreased right iliopsoas and quadriceps strength, and tenderness at the right sacroiliac sulcus. Sensation was noted to be intact in the lower extremities and feet. The injured worker had been using Butrans patches since at least February 2015. The injured worker's pain ratings were not noted in the submitted documentation. On 8-31-15, the injured worker complained of pain in the right lower extremity that radiated to the right calf and foot. The treating physician requested authorization for Butrans 20mcg-hour #12 x3. On 9-25-15, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20mgc/hr patch #12x3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Treatment for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary and Other Medical Treatment Guidelines Butrans prescribing information.

**Decision rationale:** The claimant sustained a work injury in July 2011 and underwent lumbar spine surgery in January 2012 with a subsequent lumbar fusion done in December 2012. She had a sacroiliac joint fusion in August 2014. When seen, she was having right lower extremity pain and was having difficulty ambulating. Active medications included Norco and Butrans. Physical examination findings included decreased right lower extremity strength. There was mild right sacroiliac tenderness. There was normal sensation. Additional testing was requested. Medications were refilled. Butrans is reserved for use in patients for whom alternative treatment options including immediate-release opioids are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. It is a partial agonist with a very high affinity for the -opioid receptor. Prescribing Butrans with another opioid medication such as Norco would be expected to decrease the efficacy of the Norco. There is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Butrans is not an ODG formulary medication. Prescribing Butrans is not appropriate and is not medically necessary.