

<b>Case Number:</b>	CM15-0200130		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Texas, California

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 43 year old female with an industrial injury date of 05-16-2013. Medical record review indicates she is being treated for lumbar disc displacement without myelopathy, degeneration of lumbar lumbosacral disc, spondylosis-lumbosacral, stenosis-spinal-lumbar, pain in hand joint and sciatica. Subjective complaints (09-14-2015) included low back pain and pain in right hand. The injured worker was using Butrans patch and stated it brought her pain down from 10 out of 10 to 6-8 out of 10. The injured worker also noted that without the medication she would not be able to get out of bed because of pain and could not sleep very well. She indicated the Butrans patch helped her to move around her home and take short walks. Work status is documented (09-14-2015) as "permanent and stationary with permanent disability." Her current medications (09-14-2015) included Salonpas patch, Prozac, Butrans patch and Buprenorphine sublingual ("until Butrans patch is authorized"). Medical records available for review do not indicate prior medications or the length of time the injured worker has been using Butrans patch. Prior treatment included aqua therapy, hand therapy and medications. Objective findings (09-14-2015) included antalgic gait with the use of a cane. There was tenderness to palpation in the first dorsal compartment in right thumb with positive Finklestein's. Per the note dated 10/15/15 the patient had complaints of low back pain and right wrist pain. Physical examination of the lumbar spine revealed antalgic gait, tenderness on palpation, and muscle spasm. The patient had used cane for this injury. The patient had difficulty in standing for long period of time. The patient had difficulty in sleeping due to pain. The patient had 10/10 pain without medication and 6/10 with medication. The patient sustained the injury while helping to

transfer a patient. The patient had received an unspecified number of chiropractic and PT visits for this injury. The patient has had MRI of the lumbar spine on 8/30/13 that revealed disc protrusions, central canal and foraminal narrowing; and EMG on 11/15/13 that revealed lumbar radiculopathy. The patient had tried Tramadol and Venlafexine but had to discontinue both these medications due to side effects. The patient has had history of nausea, heart burn and abdominal pain with oral medication. The patient had a UDS on 6/24/15 that was consistent. The patient had improved function ADL with medication and had no adverse effects and no aberrant drug behavior and had signed opioid agreement. The note dated 10/15/15 stated that the butrans patch request was retrospective because at the present time, the butrans patch has been discontinued in this patient due to a rash at the site of the patch and she has been switched to sublingual buprenorphine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Butrans dis 7.5./HR day supply; 28 qty; 4 refills ;02 Rx date 9/16/15: Overturned**

**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.

**Decision rationale:** As per the cited guideline, Buprenorphine: 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. In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect. Criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient had diagnoses of lumbar disc displacement without myelopathy, degeneration of lumbar lumbosacral disc, spondylosis-lumbosacral, stenosis-spinal-lumbar, pain in hand joint and sciatica. The injured worker also noted that without the medication she would not be able to get out of bed because of pain and could not sleep very well. She indicated the Butrans patch helped her to move around her home and take short walks. There was tenderness to palpation in the first dorsal compartment in right thumb with positive Finklestein's. Per the note dated 10/15/15 the patient had complaints of low back pain and right wrist pain. Physical examination of the lumbar spine revealed antalgic gait, tenderness on palpation, and muscle spasm. The patient had difficulty in standing for long periods of time. The patient had difficulty in sleeping due to pain. The patient had 10/10 pain without medication and 6/10 with medication. The patient has had MRI of the lumbar spine on 8/30/13 that revealed disc protrusions, central canal and foraminal narrowing; and EMG on 11/15/13 that revealed lumbar radiculopathy. Therefore the patient has

chronic pain along with significant abnormal objective findings. The patient had tried Tramadol and Venlafaxine but both these medications were discontinued due to side effects. The patient had a history of nausea, heart burn and abdominal pain with oral medication. The patient had a UDS on 6/24/15 that was consistent. The patient had improved function and ADL with medication and had no adverse effects. There was no evidence of aberrant drug behavior and she had a signed opioid agreement. This use of this medication was medically appropriate and necessary at the time that it was prescribed. The request of the medication Butrans dis 7.5./HR day supply; 28 qty; 4 refills ;02 Rx date 9/16/15 is medically necessary and appropriate in this patient.