

<b>Case Number:</b>	CM15-0201312		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 29 year old male, who sustained an industrial injury on 6-11-10. The injured worker was diagnosed as having lumbar sprain; thoracic sprain; neuropathic pain; neck sprain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-21-15 indicated the injured worker returns for a medical re-evaluation regarding low back pain. She continues to report numbness to her left heel since February 2014. The provider documents "She now reports new numbness to dorsal aspect of right foot. Patent denies interval injuries since last clinic visit. She was seen by her PCP and was recommended for an MRI of her lumbar spine. She will complete soon. She notes worsening depression and anxiety regarding her escalating pain, symptoms and functional limitations. Denies suicidal ideation today. She states her condition was well-managed when she was on a stable medication regimen that included Lyrica and Butrans." The provider completes a physical examination an antalgic gait favoring the left. The rest of the examination for the musculoskeletal portion is relatively normal. He does note that she is anxious and depressed with "verbal outburst - crying". The provider documents his assessment-plan: "She continues to report left lower extremity numbness, EMG was normal. There was no evidence of peripheral polyneuropathy, focal peripheral entrapment neuropathy, nor lumbosacral neuropathy. This was discussed with patient. She voices relief but frustration regarding the study findings as this appears incongruent to her symptoms. Patient is encouraged to continue with PCP as instructed. She plans to complete recommended MRI lumbar and will follow up with PCP. She is to bring a copy of lab work and MRI results." Her medications is reviewed and refilled and the provider notes the pain and symptoms were well managed with Naproxen, Lyrica, Butrans Patch and Zanaflex. A PR-2

noted dated 6-19-15 indicates the injured worker was prescribed Butrans patch 1-23-15. Same to similar complaints and intensity of pain and treatment plan. A Request for Authorization is dated 10-13-15. A Utilization Review letter is dated 10-1-15 and non-certification for Butrans DIS 5mcg/hr #4. A request for authorization has been received for Butrans DIS 5mcg/hr #4.

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

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

**Butrans DIS 5mcg/hr #4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Butrans.

**Decision rationale:** MTUS states that buprenorphine, 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." ODG states " Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence." The ODG states that buprenorphine is "recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." This IW is using this medication for chronic pain. However, the available medical record does not describe the specific indications for using buprenorphine instead of one of the first line agents. Further, the available record does not document improvement over the previous use of Norco and there is indication in the notes that Norco may still be in use. As such, Butrans DIS 5mcg/hr #4 is deemed not medically necessary.