

<b>Case Number:</b>	CM15-0204140		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Oregon,  
 Washington Certification(s)/Specialty: Orthopedic  
 Surgery

### 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 58 year old male, who sustained an industrial injury on 1-09-2014. The injured worker is being treated for right shoulder impingement syndrome versus rotator cuff tear, L5-S1 disc degeneration with acute lumbar strain, and left knee internal derangement. Treatment to date has included diagnostics and medication management. Per the Primary Treating Physician's orthopedic Spine Surgery Progress Report dated 8-03-2015, the injured worker presented for follow up evaluation. He IW has been approved or surgical intervention of the left knee and his Norco has been denied for 12 months. He has discontinued his Norco for cardiac testing purposes. He reported lower back pain that radiates into the left hip rated as 6 out of 10 without the use of medications and 2 out of 10 with the use of medications and left knee pain rated as 6-7 out of 10 without medications and reduced to 2 out of 10 with medications. Current medications include Anaprox, Norco, Protonix, and Tylenol. Objective findings included palpable tenderness over the medial joint line and medial tibial plateau of the left knee and tenderness over the left greater trochanter bursa. Work status was temporarily partially disabled-modified duty. The plan of care included diagnostic cardiac testing as part of medical clearance for knee surgery, follow-up care and medications. Authorization was requested on 8-03-2015 for Norco 10-325mg #60. On 9-16-2015, Utilization Review non-certified a request for Butrans 10mcg per hour.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mcg/hr transdermal opioid #4 28 days, 2 refills: 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.

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 26-27 recommends use of Buprenorphine as an option in the treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In this case there is lack of evidence in the records of 8/3/15 of opiate addiction to warrant the use of a Butrans patch. Therefore the request is not medically necessary.