

<b>Case Number:</b>	CM15-0219174		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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 51-year-old male who sustained an industrial injury on 7-18-2014 and has been treated for C5-7 disc degeneration, right cervical radiculopathy with C-6 weakness and decreased sensation, right shoulder impingement syndrome with ACE joint degenerative disease, and L5-S1 severe disc degeneration with grade I and II spondylolisthesis. On 9-28-2015, the injured worker reported neck pain radiating into the bilateral trapezius and mid scapular region. He stated he had numbness in the right arm and into the hand, and was having headaches. Without medication, pain had been rated as 8 out of 10 but medication was noted to be reduced to 6 out of 10. He also had pain in the right clavicle area at 7 out of 10 with medication and up to 9 without. He has had problems with sleep "secondary to pain." Objective findings include tenderness and spasms over the right cervical and trapezius muscles with decreased sensory response with the right C5 dermatome distribution. The shoulder was also tender with palpation with positive impingement sign, and positive Tinel's at the right elbow. Documented treatment includes epidural injections, activity modification, Norco, Duexis, Restoril, and Morphine. The physician stated that the injured worker has a history of bypass and is not a candidate for NSAIDs, and that transdermal pain medication is recommended. Norco was noted in the past to "sub-optimally" control symptoms. It is noted that there have been no aberrant behaviors, and a pain contract is on file. The request was for #4 10-mcg Butrans patches, one to be used every 7 days, but this was denied on 10-17-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mcg quantity 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): 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 9/28/15 of opiate addiction to warrant the use of a Butrans patch. Therefore, the request is not medically necessary and non- certified.