

<b>Case Number:</b>	CM15-0044234		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 36 year old male, who sustained an industrial injury on September 25, 2014. He reported lower back pain, left leg pain, and hip pain. Diagnoses have included lumbosacral spine degenerative disc disease, hip pain, and chronic pain syndrome. Treatment to date has included medications, physical therapy, bracing, and imaging studies. A progress note dated February 24, 2015 indicates a chief complaint of lower back pain, left buttock pain, numbness of the left hip and toes, and muscle aches. The treating physician documented a plan of care that included medications and follow up with primary treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Butrans Patches 20mcg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Butrans.

**Decision rationale:** Pursuant to the Official Disability Guidelines, #4 Butrans patch 20mcg is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia component pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. Opiates may be discontinued when there was evidence of illegal activity, illicit drugs and/or alcohol, etc. In this case, the injured worker's working diagnoses are chronic pain syndrome; degeneration lumbar intervertebral disc; and hip pain. Documentation from a January 7, 2015 progress note states the injured worker requested OxyContin. The treating physician denied that request pending MRI evaluation. On February 24, 2015, the injured worker presented after purchasing OxyContin on street. The treating physician then prescribed Butrans. Butrans is not indicated as a replacement for OxyContin purchased on the street. Additionally, opiates may be discontinued when there is evidence of illegal activity or illicit drugs such as purchasing opiates illegally on the street. Consequently, absent clinical documentation with clinical support pursuant to the guidelines and purchasing OxyContin illegally, #4 Butrans patch 20mcg is not medically necessary.