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| <b>Case Number:</b>   | CM15-0045349 |                              |            |
| <b>Date Assigned:</b> | 03/17/2015   | <b>Date of Injury:</b>       | 12/03/2009 |
| <b>Decision Date:</b> | 04/20/2015   | <b>UR Denial Date:</b>       | 03/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/10/2015 |

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old male who sustained an industrial injury on 12/3/09. The injured worker reported symptoms in the neck, shoulders, right wrist, and back. The injured worker was diagnosed as having cervical herniated disc, thoracalgia, lumbar herniated disc, probably post-traumatic hypertension, shoulder tenosynovitis, post-operative failed left knee surgery, post-traumatic anxiety and depression, and probably post-traumatic insomnia. Treatments to date have included status post total knee replacement, oral pain medication, oral analgesic medication, walker, cane, home exercise program. Currently, the injured worker complains of pain in the neck, bilateral shoulders, right wrist and back. The plan of care was for a prescription and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch 20 mcg, unknown dispense amount:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Butrans (buprenorphine), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no current indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans (buprenorphine) is not medically necessary.