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| <b>Case Number:</b>   | CM15-0052816 |                              |            |
| <b>Date Assigned:</b> | 03/26/2015   | <b>Date of Injury:</b>       | 04/16/2010 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2015 |

### 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: Massachusetts

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 55 year old female with an industrial injury dated 03/04/2007 to 03/12/2010. Her diagnosis includes status post bilateral carpal tunnel release; status post left de Quervain's release, right shoulder impingement, right knee internal derangement and chronic pain syndrome. Prior treatment includes knee arthroscopy, physical therapy and medications. Physical exam reveals antalgic gait with a limp. Right knee was swollen with tenderness and right shoulder range of motion was limited. The provider documents the injured worker has increasing sciatic symptoms and leg weakness in the right leg. A request for Butrans patch was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 10 mcg Qty 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing,(3) Buprenorphine Page(s): 26, 76-80, 86.

**Decision rationale:** The claimant has a history of a work injury and continues to be treated for right knee pain and right lower extremity sciatic symptoms. Diagnoses include severe fibromyalgia syndrome. When seen, she was doing poorly and was having increased right lower extremity sciatic symptoms. She was noted to ambulate with a cane and an antalgic gait. She had right lower extremity weakness with positive straight leg raising. Butrans (buprenorphine) is a sustained release formulation and would be used to treat baseline pain. Buprenorphine is also recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. Opioid medication would be a potentially poor choice in the setting of fibromyalgia. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Butrans was not medically necessary.