

<b>Case Number:</b>	CM14-0114933		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old female with a 10/14/11 date of injury. The mechanism of injury occurred while handling files in a file room. According to a progress report dated 8/14/14, the patient complained of increased pain. She stated that the medications she was on were too strong and wanted a lower dose. She stated that her sleep was interrupted due to pain and was interfering with her activities of daily living. She rated her pain in the neck, right shoulder, and right arm as 6 out of 10. Objective findings: not noted. Diagnostic impression includes variants of migraine, disc degeneration, and cervical radiculitis. Treatments to date are medication management, activity modification, cervical ESI, chiropractic care, acupuncture, and physical therapy. A UR decision dated 6/30/14 denied the request for Butrans. There is no documentation of failed trials of first-line treatment. There is no documentation of a history of opiate addiction in this patient or records indicative of previous detoxification. Lastly, there is no documentation of functional improvement from any previous use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 5CMG #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Buprenorphine Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans)

**Decision rationale:** The Food and Drug Administration (FDA) states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. There is no documentation that the patient has had a trial of a first-line opioid medication. In addition, there is no documentation that Butrans provides the patient significant pain relief or improvement in activities of daily living. Furthermore, it is noted in a 7/15/14 progress note that the request for Butrans is being withdrawn. Therefore, the request for Butrans 5mcg #4 was not medically necessary.